

Work ability assessment - description and evaluation of a new tool in vocational rehabilitation and in disability claims

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Abstract

In Iceland a continuum growth in disability benefit is a fact as in many other countries. As a consequence assessment procedures and partial disability benefits have come under reconsideration (OECD, 2007). A report from the Prime ministry (2007) started this work in Iceland and marked the beginning of the Work ability assessment which is the main object of this thesis. The research question is: Is the new work ability assessment a useful tool in vocational rehabilitation and disability claims?

Findings: The Work ability assessment is a comprehensive assessment of the individual ability to participate actively in the labor market from a physical, mental and social perspective. The development of the method was also done in accordance with the most modern definitions and understanding of work ability. In the developmental phase the author was inspired by and used established methods from other countries that have been shown to be useful. The author also developed the instruments in the Work ability assessment by the use of consensus that should guarantee a minimum of usefulness. Part of this consensus has been done in cooperation with international experts and international developmental project. Experts in Iceland also agree that these instruments should be useful. I have tested some of these instruments and method in the research part and they seem to indicate that these methods and instruments are useful. I have asked (in interviews and surveys) medical doctors and the clients in my study, and they seem to agree that these methods are useful. All these taken together indicate that this could be a useful method.

Conclusion: The Work ability assessment is a useful instrument in vocational rehabilitation and disability claims. It serves the purpose both as an instrument and as a method and are in accordance with the most modern definitions and understanding of work ability. The instrument works in a systematic way to motivate and activate the individual by stressing what he can do and by minimizing function loss and increase adaption with early intervention and vocational rehabilitation at the same time. The method itself is a continous process of information gathering in a structured way where the aim of the whole assessment process is to increase the individual's work ability by exploring and trying all options from a comprehensive view. The information that is gathered in this process is valuable when it comes to choosing what options are in hand in vocational rehabilitation and on the decision on eligibility of disability benefit.

Preface

This thesis is a final project to master degree (M.Sc.) in health services management from the University of Bifröst. It is a 30 ECTS project. My mentor was Sören Brage.

This process has taken over two years. In September 2008 I started to work as a senior consultant for the newly found Vocational rehabilitation fund. My main project was to find ways to assess and support individual back to work after sick leave. The result of this work was the making of the Work ability assessment described in this thesis.

I would first like to thank my mentor Sören Brage, president of EUMASS and leader of the ICF working group within EUMASS, for his continued support, advise and inspiration through this two years process. His knowledge and experience on assessment procedures has had a lot of influence into this work. Reuben Escorpizo group Leader of the ICF Core Set Development for Vocational/Work Rehabilitation based at the Swiss Paraplegic Center, Nottwil, Switzerland gets special thanks for his inspiration and his good comments in the thesis. Hans Magnus Solli gets a special thanks for his good advise, especially in the definition chapter. Haraldur Jóhannsson and Sigurður Stefánsson medical consultant at the Social Insurance Administration get special thanks for their comments on the chapter around the disability assessment in Iceland today.

I am very grateful for the all the individuals that participated in the researches. Special thanks to my co-workers; Ólöf Bjarnadóttir, Gunnar Kr. Guðmundsson and Jan Triebel experts in rehabilitation medicine and Haraldur Jóhannsson, Sigurjón Stefánsson, Sigurjón Sigurðsson and Jón Sigurðsson medical consultant at the Social Insurance Administration.

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1 Introduction

The increasing number of people with disabilities has been a matter of concern in the OECD countries. During the past decade more than half of the countries have seen a substantial increase in disability benefit rates. Approximately 6% of the working age population in those countries collected disability benefits in 2007 (OECD, 2007) where mental health problems are becoming increasingly recognized as one of the leading causes for absenteeism from work, disability benefit and early retirement (OECD, 2010).

This increase has also been apparent in Iceland during the last decade. Around 5% of men and 8% of women in the age group 18 to 67 years old received disability benefits in 2006 and in 2007 7,5% of working age population collected disability benefit or disability allowance (OECD, 2008). In 2009 14.507 individuals collected disability benefit compared to 9858 individual in 1999. That is an increase of 64% in ten years (Social Insurance Administration, 2009). This increase has put a lot of financial strain on the state and on the pension funds (Herbertsson, 2005). But it is not only the cost concerning the disability that is of concern. Part of the problem is that too many workers leave the labor market permanently due to health problems and at the same time too many people with health-related work-capacity deficits are denied the opportunity to work (OECD, 2008). Countries are increasingly aware of this problem, which is why assessment methods and partial disability benefits have come under reconsideration (OECD, 2007). To ensure that individuals with partial work capacity remain in or enter the labour market, it has been shown that reforming assessment methods is an important element. Activating measures and increased focus on what the individual can do has been shown to be effective in getting people back to work (OECD, 2010).

The Prime ministry in Iceland (2007) initiated a work of a group of specialists review the focus and assessment methods of eligibility for disability benefits. In their report they state the necessity of different assessment methods focusing on what people can do, not what they can not do. This report marked the beginning of the work ability assessment which is the main object of this thesis.

In this thesis I will start to pay attention to the theoretical framework and definitions. Defining work ability as it relates to disability is the object of one of the first chapter. For the reader to get more knowledge about the assessment procedures and disability benefit rates in Iceland over the last years, one chapter is used to explain that. The second chapter explains the story behind the new work ability assessment where I will discuss the main influential factors.

The new work ability assessment method will be explained in detail in the following chapters. What influenced the making of it and its development and a detailed description of the method, the instruments and their use.

The research section has four parts. The first one is a research where a structured development of the Basic assessment is explained. The second part focuses on the clients' views on the work ability assessment. The third part is a validation study of the EUMASS core set and the fourth part states views of the doctors' at the Social Insurance Administration on EUMASS core set on one hand and the disability assessment as it is today on the other.

The research question to be answered in this thesis is: Is the new work ability assessment a useful instrument in vocational rehabilitation and disability claims?

2 Theoretical framework

There are some words that are used continuously in this thesis and need to be defined in a precise manner for the reader. The following definitions will be used in this thesis:

Work ability assessment: a comprehensive assessment of the individual's ability, from a physical, mental and social perspective, to participate actively in the labor market. It looks at resources and opportunities as well as detecting barriers with regard to participation in the job market. The work ability assessment is a continuous process of evaluation on the one hand and activation measures and/or vocational rehabilitation and treatment on the other hand.

Basic assessment: a systematic gathering of information, advice, supervision and encouragement by the VR consultant. Person is in basic assessment when he/she is in regular interviews and / or resources that are accepted and paid for by the VR fund. The purpose of the basic assessment is to promote health, self image and improve social conditions to facilitate return to work.

Special assessment: a detailed assessment, analysis and evaluation of possibilities in vocational rehabilitation and a return to work options. It is done by selected external experts. In the special assessment the individual options are explored and evaluated in a deeper and more specialized manner than in the basic assessment. On the basis of the special assessment a decision is made whether and how work ability can be promoted. The result of the special assessment indicates the person vocational rehabilitation potential and proposes resources in concordance to that.

Re-assessment: a re-evaluation that occurs when vocational rehabilitation plan from the special assessment is completed. The result of the re-assessment may indicate that vocational rehabilitation should be repeated because the best possible performance has not yet been reached, or that the maximum work ability has been achieved. The VR consultant carries out the re-assessment and evaluates the need to call for external experts.

Vocational rehabilitation Fund (VR Fund): a non-profit organization founded by all the principal public and private sector unions in Iceland, SA, the Confederation of

Icelandic Employers, and public sector employers. The role of the VR Fund is to markedly decrease the probability of employees leaving their jobs because of long- term illness. Emphasis is placed on early intervention and on maintaining the work relationship through planned activities and other interventions.

Vocational rehabilitation consultant (VR consultant): an individual that works in conjunction with the Vocational rehabilitation fund (VR fund) with all the union sickness funds in Iceland. Their role is to assist, support and activate individuals in maintaining and enhancing their work ability.

Senior consultant of the VR fund: an individual working at the VR fund. Their role is to be a leading expert for the VR consultants working in conjunction with the VR fund. His/her role is to develop guidelines for work processes, guide individual consultants in their work and in general.

3 Defining work ability assessment with respect to disability

To be able to define work ability, there needs to be an understanding of what ability is. According to Nordenfelt (1993) three conditions must be met to use the term ability correctly. They are:

- A person
- A measure
- Specific environments

Nordenfelt explains the relationship between these factors in the following paragraph:

“ It is pointless to say of a person that he or she is in general able, or conversely, that he or she is in general disabled. Ability has to be specified. First, one has to identify a particular agent A. Second, one has to specify A’s project or goal: something that A is able to attain. Third, one has to specify the circumstances in which A is able to attain this goal or perform this action”

(Nordenfelt,1993).

From this statement the individual has body and mind. The individual has also goals that he needs, or wants to achieve and his purpose, intention, motivation or will matters. Moreover, one cannot talk about ability without implicating the environment, both from natural and socio-cultural perspective (Solli b, 2007).

One consequence of the Nordenfelt theory is that the concepts of disability are relative to the internal processes of the individual, the goals and the surrounding nature. An individual's participation restriction (or activity limitation) cannot be understood, without reference to the individual own view of his situation and own goals. Therefore it is not possible to make a description or assessment of the individual disability unless his voice is heard and involved in the description and evaluation (Solli a, 2007).

Nordenfelt (2008) has also proposed an interesting definition on work ability:

“A person P has complete (specific) work ability if, and only if; P has the work-specific manual and intellectual competence, strength, as well as toleration and courage, relevant virtues, other qualifications and has the physical, mental and social health that is required to fulfill the tasks (or

alternatives within a set of tasks) and reach the goals (with some requirements of quality) which belong to the job in question, given that the physical, psychosocial and organizational work environment is acceptable to P, or can with adjustments easily be made acceptable to P”

Nordenfelt,(2008).

Here are some important factors that need to be recognized. They are **abilities, environment, opportunities and goals**. At the end of the thesis those factors will be reviewed and connected to the work ability assessment described in this thesis.

Keeping this definition on work ability in mind, it is interesting to look at how disability is defined. One of the core characteristic of a long-term disability arrangement is the definition of disability for work. One could imagine that work ability is opposite to work disability, but that is not the case.

Looking at the Icelandic dictionary it defines disability as “considerable or total loss of work capacity on account of accident or illness” (Icelandic Dictionary of Menningarsjóður, 1988). The Social security Administration changed their disability assessment in 1999 and as a consequence the definition was more medically oriented (Ólafsson, 2005). In the National Social Security Act it is stated: “those who are assessed to be at least 75% disabled because of medically recognized disease or disability are entitled to a disability pension” (Ministry of Justice and Human Rights, 1999). OECD has however recommended that authorities abandon definitions of disability based on loss of work capacity. Instead the emphasis should be changed from passive support, in the form of subsistence payments for disabled people, towards active welfare policies, both in the labor market and in society (OECD, 2003).

Nordenfelt (2008) found out that common feature in the Scandinavian legislation is to measure the individual work ability in degrees or percentages. From that point a decision about the individual sick leave and his economic compensation is taken. However Nordenfelt concludes in his book “The Concept of Work Ability” that a quantified measure of degree of impairment related to separate diseases or injuries cannot give an answer to the question that concerns the overall disability of the person in his or her life. He states:

“In general, a specific impairment can have an effect on one person which is so different from the effect of the same impairment on another person that the

impairment itself cannot function as a reasonable criterion for decisions in the medical insurance system. A persons impairment may but need not lead to an activity limitation. And an activity limitation may but need not lead to a participation restriction”

Nordenfelt,(2008).

This statement is in line with the one stated by the WHO in the International Classification of Functioning, Disability and Health (ICF) in 2001. The basis of this model is that disability has three major components apart from having a disease: impairments in bodily or mental functions or structures, limitations in activities, and restrictions in participation in societal roles. Personal and environmental factors also play a role (Verbeek, J., Dijk, V. Frank, 2008). Hans Magnus Solli (2007 a) has analyzed the model of ICF and proposed a new model of functional ability where he uses the conceptual system of ICF as a starting point because it helps the assessor to evaluate the individual's degree of disability. He thinks that the assessor must in addition to the traditional medical investigation also make a personal judgment of the individual in question. He states:

“This judgement should be based not on physical examination but on a specification of the client specific needs, goals and ideals”

Behind this suggestion lies the insight that an activity limitation not only depends on physical impairment, but also on type of work and kind of life that person lives. This in return depends on the individual's wishes and goals in life. The conclusion of this observation is that disability needs to be assessed much more on an individual basis than has been the case (Nordenfelt, 2008).

4 Disability assessment in Iceland today

An increasing number of recipients of disability pension has been a major challenge for the welfare system in Iceland over the past decade, like in other OECD countries. Different factors have been suggested as a reason for this growth but no general agreement has been reached on that matter. Increased harshness and reduced flexibility in the labor market have been cited as one of the reasons. Another suggestion is that options for rehabilitation are not considered seriously enough before a decision is made on disability benefit and it sometimes seems to be quite random who is referred to rehabilitation services. This is possibly due to the lack of diversity and coordination amongst the services themselves. It has also been suggested that the recent increase in disability pension claimants is the result of Iceland adopting in 1999, The Personal Capability Assessment (PCA). This assessment is the same as was in use in the United Kingdom until 2008.

To fully understand the impact of this new assessment procedure in Iceland it is necessary to first have a look at the legal environment around it. Before 1999, the disability assessment was based on the individual ability and health to work, compared to what could be expected of him based on experience, education and access to employment. One could therefore say that before 1999 the disability assessment was influenced to a high degree by social circumstances of the claimant, but after 1999 the disability assessment was based more on medical factors (Ólafsson, 2005).

4.1 The legal environment

The Social Insurance Administration has the role to decide if an individual should be granted a disability pension in accordance with established rules. Individuals aged 18 to 67 may request a disability pension, in consultation with their physician when it is judged unlikely that they will fully recover from an accident or illness. The assessment is sometimes performed when the individual has received full sickness benefits but can also be performed earlier, even when the claimant is still at work. A certificate from a physician and the individual's application for a disability pension and related payments,

along with further documentation, must be submitted to the Social Insurance Administration. The Social Insurance Administration must act and process the application on disability. It is however stated that if rehabilitation has not been tried out the Social Insurance Administration may require the applicant to undergo a specialised evaluation of the possibility of rehabilitation before a decision on disability pension can be taken (Ministry of Justice and Human Rights, 1999).

Disability is assessed by physicians of the Social Insurance Administration according to paragraphs 18 and 19 in the National Social Security Act. There are two level of disability. Higher level which is 75% disability which gives right to full disability benefit and full benefit of being disabled. Lower level or 50-65% is partial disability which gives the right to disability allowance but no benefit (Ministry of Justice and Human Rights, 1999). The percentage for the higher level in the disability assessment belongs to the earlier method of disability assessment and is no longer an estimation of the work ability of the individual. This may cause some misunderstanding.

4.2 Assessment of disability (PCA)

Personal Capability Assessment (PCA) was introduced in 1999 in Iceland. Function is evaluated by assessing the ability to perform various activities of body and mind and is intended to reflect the applicants ability to perform all types of work. The statements of functional ability or the descriptors, are graded according to importance, giving high points for major functional impairment and low points for minor functional impairment (Ministry of Justice and Human Rights, 1999).

The PCA is in two parts. In part one the physician examines 14 factors as indicators of the following physical and sensory functions : Sitting , Standing , Walking , Walking up and down stairs, Rising from sitting, Bending and kneeling, Manual dexterity, Lifting and carrying, Reaching, Speech, Hearing, Vision, Continence and Remaining conscious. For each of these functions disability points are given (from 0 to 15). The threshold level for the higher level of disability (75%) in this part of the PCA is 15 points. In part two mental health is assessed. The following four factors are given close attention: Completion of tasks, Daily living, Coping with pressure and Interaction with other people (Ministry of Justice and Human Rights, 1999). For each of these functions disability points are given (from 0 to 10) and the threshold level for the higher level of

disability is 10 points. For part one and part two combined the threshold for the higher level of disability is 6 points in each part of the assessment.

4.3 What changes were noticeable after the disability assessment in Iceland was introduced in 1999?

From the 1st of September in 1999 a fundamental change was made on disability assessment. Instead of looking at social and medical factors the assessment on the ability to work was now solely based on medical factors. To explain the impact of this changes Herbertsson (2005) stated in his report “This means that an office man in a wheelchair could receive a full disability pension even though he could easily do his job”.

Looking at numbers, the development in disability benefit in Iceland since 1999 is similar to other OECD countries where there has been a continued growth. A total of 14,507 individual collected higher level of disability in 2009, 5,603 men and 8,904 women. Women are therefore more than 61% of the disabled, men are 39%. The following chart gives a clear picture of how the development has been over the last 10 years:



**Individuals with higher degree of disability benefit* (Social Insurance Administration, 2009).

Figure 1. Invalidity pensioners, 16-66 years old in Iceland from 1999-2009

There is also sex difference in the distribution of disease categories. In men, mental disorders are the largest part, but musculoskeletal disorders are the most common among women (Social Insurance Administration, 2009).

There has been some research done on the disability assessment Iceland adopted in 1999. Ólafsson (2005) states in his report that a growing number of people getting the higher disability benefit after 1999 happened when Iceland adopted the new disability rating standard. A study by Thorlacius et al (2001) states that the new method of disability assessment has resulted in a significant rise in the number of women who have had their disability assessed as being more than 75%, but there has not been a rise in the total number of new disability pensioners, as the increased number of women with the higher degree of disability has been balanced by a significant fall in the number of new disability pensioners with the lower degree of disability (Thorlacius, S. , Stefansson, S. , Johansson, H. , 2001).

Another noticeable change after 1999 was that the numbers of refusals dropped. In 2004 only 7% of applications were refused or rejected disability benefit compared to 20% in the year of 1988 (Herbertsson, 2005). As mentioned previously prior to 1999 disability assessment was generally based on one medical certification and the medical insurance doctor had to assess whether an individual could work less than 25% of what could be expected for someone with similar social background and education. After 1999 disability is decided on the basis of the PCA assessment. It therefore seems likely that this is because of the difference of the two methods in deciding disability benefit, the flexibility and deviation is much lower in the current system.

Other changes that have been noticed are that there have been two big fluctuation in the rate of new disability pension receivers during the period from 1992-2006. In their study Thorlacius and Ólafsson (2008) showed that both of these fluctuations were associated with considerable increases in unemployment rate. They concluded that the new method of disability assessment from late 1999 may have had some influence on the relationship during the latter part of the period (Thorlacius, S. Ólafsson, S. 2008).

5 The story behind the new work ability assessment

The growing number of disabled people and the increased generosity in benefit payments have put a strain on the funding of the pensions systems and have caused concerns about future increases in expenditures. Such concerns, along with new political perspectives has lead to a policy shift in Iceland (Ólafsson, 2005). A number of reports have been written addressing this matter over the last years, I will mention two of them. First is the report „Disability and Welfare in Iceland in an International Comparison“ written by Mr. Ólafsson in 2005. Mr Herbertsson wrote a report in 2005, “Increasing number of disabled people in Iceland. Causes and consequences”. Those two reports influenced the political discussion and future developments.

In this chapter I have outlined the major reasons for the change in the social environment in Iceland during the last three years that led to the development of the new work ability assessment that is the main object of this paper.

5.1 Report from the Prime ministry in 2007

A report published by the Prime ministry in 2007 stated the need for re-assessing disability and strengthening vocational rehabilitation services. Other focus points in this report where to:

- Strengthen preventive measures
- Change the definition of disability and define the right to disability pension
- To develop guidelines to coordinate disability assessment between the social security institute and the pension funds
- Place emphasis on the individual capacity to earn wages, not on his incapacity as it is now
- Measure work ability in percentages
- Increase participation of disabled people in the labor market
- Subject disability pension with the person’s activities regarding job search and vocational rehabilitation

(Prime Ministry, 2007).

5.2 Vocational Rehabilitation Fund (VR Fund)

In 2008 The VR Fund was founded. It is a non-profit organization founded by all the principal public and private sector unions in Iceland, the SA (the Confederation of Icelandic Employers), and public sector employers. The purpose with establishing the VR fund was to markedly decrease the probability of employees leaving their jobs because of long-term illness. Emphasis is placed on early intervention and on maintaining the work relationship through planned activities, motivation and other interventions. The main roles of the VR fund are:

- To plan and supervise the work of VR consultants who work in conjunction with the various union sickness funds. Their role is to assist, support and activate individuals in maintaining and enhancing their work ability
- To pay various specialists for individualized planning of rehabilitation
- To pay for rehabilitation intervention that is not part of the publicly funded health and educational system

Other roles

- To support a variety and increased availability of Vocational Rehabilitation (VR) interventions
- To support the co-operation of those involved in VR
- To affect values and activities in the community and increase the awareness of people regarding the importance of remaining active
- To support research and development in VR

(VIRK, 2009).

5.3 A specialized group

A group of professional was assembled to assist in searching for methods and ways to assess work ability. Those professionals were selected based on their professional knowledge and experience in rehabilitation. A draft for work ability assessment was introduced in September 2009. The report of this professional group is available on the website of Ministry of Social Affairs (www.felagsmalaraduneyti.is). In this draft it is assumed that the Work ability assessment is a process of activation and/or vocational rehabilitation, depending on individual needs and abilities. The aim is to promote activity and/or employment. There is an emphasis on early intervention, the individual situation

is assessed and responded to. The service should be personalized and continuous and the individual should be as active in the entire process as possible (Ministry of Social Affairs and Social Security, 2010).

The work ability assessment that is the object of this thesis was in part done in collaboration with this professional group that was established by public bodies and had the purpose of suggesting and developing a new work ability assessment for the Social Security System. Large components of the assessment tools in this report were developed by the expert representative of the VR fund and further developed and tested by experts of the VR Fund. Today it forms the base of the Work ability assessment of the VR fund.

6 What influenced the development of the work ability assessment

To be able to develop new ideas of a work ability assessment both knowledge and expertise needs to be in place. When this assessment was developed, many countries had gone through a structural reform of their assessment procedures and that knowledge and experience was taken into account. The development of the method was also inspired by the most modern definitions and understanding of work ability (Nordenfelt and Solli). Research articles and reports in the field of rehabilitation and vocational rehabilitation were also used to evaluate what had been effective and what not.

A report done by the OECD in 2010 summarized the experience of the OECD countries. It stated that most of the OECD countries use medically driven models to determine disability benefit entitlement, but these are unreliable. The result of it is that a significant number of people with partial work capacity are being deemed unable to work. Recent trends however, indicate that focusing on what individual with partial work capacity can do is a very positive gain. A number of countries are successfully using mainstream employment policy, including activation measures to support individuals with partial work capacity to take up work. At the same time some countries have managed to bring down inflow to disability benefit by using early intervention (OECD, 2010).

6.1 International Classification of Functioning, Disability and Health (ICF)

The International Classification of Functioning, Disability and Health (ICF) is used as a theoretical framework for the Work ability assessment. The ICF is published by the World Health Organization (WHO) and is a framework for measuring health and disability at individual levels and it encompasses all aspects of human health and some health-related components of well-being. At the same time it excludes circumstances that are not health related such as socio-economic factors, race, gender and religion. The domains in ICF are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation (WHO, 2010).

Function is the key word in ICF as it looks at the function of the individual in the community in which he lives, regardless of what caused the impairment (Gunnarsdóttir, 2003). It deals with functioning as a positive category and disability as a negative category. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors (WHO, 2010).

This classification and coding system makes it possible to standardize information on health-related function and functional impairment. At the same time it describes functions from different perspectives (Gunnarsdóttir, 2003). As a result of this structure ICF provides a multi-perspective approach to the classification of functioning and disability as an interactive and evolutionary process. If the full health perspective is to be described all components in this schema are useful (Nordenfelt, 2008).

ICF core set

To facilitate a systematic and comprehensive description of functioning and the use of the ICF in clinical practice and research, ICF Core Sets have been developed. A formal decision making process is applied in the making of the core set. First there is a national meeting that comes up with suggestions of categories that should to be included in the core set. Thereafter a formal voting procedure is applied to get a final conclusion (Brage, Donceel, Falez 2007).

The background of an ICF Core set is to provide a list of selected categories from the entire classification that can serve as minimal standards for an assessment, and documentation of functioning and health in clinical studies, clinical encounters and multi-professional comprehensive assessment. Therefore ICF Core sets are generally agreed on lists of ICF categories relevant for specific diseases or for different situation (Cieza, 2004). For practice and research, an ICF Core set lists categories which should be measured. It has to be kept in mind however that it provides no information about how to measure them (Swiss Paraplegic Research, 2006).

Development of ICF core set for disability evaluation in social security

EUMASS represents social insurance doctors at a European level. Its aim is to help to maintain and improve standards in social insurance medicine (EUMASS, 2010). Within EUMASS there is an ICF-working group that developed and successfully reached consensus on a core set for functional assessments in disability benefit claims. This core

set is generic, and is intended to be used by medical doctors in the evaluation of rights for long term benefits (Brage et al, 2008). This core set is part of the Work ability assessment and will be described in more detail in other chapters.

6.2 Influence from other countries

The Scandinavian countries have been going through their reforms in recent years and gone through a lot of changes in their disability system. Why Iceland is a bit later in their changes might in part be explained by the fact that the rise in disability pensions came in later in Iceland (Ólafsson, 2005).

Among other countries the experience from Norway, Sweden and Denmark had a major influence on the development of the Work ability assessment, both directly and indirectly. The reader can see this influence reflected in the description of the work ability assessment, its method and instruments that are the challenges in forthcoming chapters.

6.2.1 Norway

The Norwegian Labor and Welfare Service (NAV) plays a broad participatory role in the world of work and society in Norway, and contributes to the financial security of the individual (Norwegian Labor and Welfare Service a, 2010). In the last couple of years NAV has been making structural reforms on the welfare system in connection to the labor market and the rehabilitation, in order to get people back to work. The aim is to make the system more simple, more effective and fight the long-term unemployment (Hernes, 2009).

NAV looks at work ability as individual ability to obtain or retain employment. The working capacity of the person can change over time due to health, qualifications or the situation in the labor market. Therefore resources and limitations are assessed in relation to what the workplace and daily life demands. At the same time there is a look at the opportunities that exist. The goal is to make use of the individual's opportunities in the workplace as well as in daily life. A plan with various measures that help to reach this goal is made (Norwegian Labor and Welfare Service b, 2010).

Some of the instruments that have been developed in Norway over the last couple of years had a direct impact on the work ability assessment and will now be discussed.

Egenvurdering

In Norway some structural changes were made in 2008-2009 and a new instrument was introduced. Egenvurdering is a helpful tool for the individual in different situations where

he can discover what options there is to get back to work, keep work, and/or increase participation in daily life. Egenvurdering is an instrument, a starting point for further activity. From NAV's point of view this is where the individual gets opportunity to influence matters and speak out (Arbeides-og velferdsdirektoratet, 2008). This instrument is actually quite similar to the Resorceprofilen that has been used in Denmark since 2003. Egenvurdering together with the Resorceprofilen had a huge influence on the method and the instruments in the Basic assessment of the Work ability assessment used by the VR Fund. It can be seen very clearly in the instrument Folder of opportunities (Appendix 5).

Individual plan

In Norway individual is not entitled to a disability allowance if vocational rehabilitation has not been tried out (Boer, 2004). The connection between NAV and vocational rehabilitation centers over the country have been growing for the last couple of years. One example of this cooperation is the instrument's Individual plan. Individual plan is an outline of the individual's objectives and resources and it puts down a planned process with the services required in further vocational rehabilitation. The aim of Individual plan is to ensure that the needs of the individual are met and that the cooperation between the individual and the public services and between the different service providers are met. When the individual is in vocational rehabilitation he makes Individual plan. That Individual plan is sent to NAV where the work continues after the vocational rehabilitation is over. By doing this the rehabilitation is talking in a systematic way to NAV (Helsedirektoratet, 2010). Those aims as well as the instrument itself in Individual plan influenced the making of new Work ability assessment and can be seen in the instrument Assessment of possibilities (Appendix 3).

The Norwegian Scheme for the Assessment of Function

When it comes to assessment of work disability an interesting tool was introduced in Norway 2004. The Norwegian Scheme for the Assessment of Function is connected to the WHO's classification of Functioning, Disability and Health (ICF) and has the purpose to provide a subjective assessment of working capacity. The major categories are: Walk/stand, hold/pick up, lift/carry, sit, master, cooperation and communication, perception and general work ability (Brage, S., Østerås, N., Krohne, K., Steiran, P., 2008).

The Norwegian Function Scheme has been tried out in Iceland as a part of the NORFUNK research. There were quite positive findings by using it. The main ones are

that this is a short scheme that gives a good overview of the individual's problems and in my opinion talks effectively with the vocational rehabilitation. From a medical point of view Boer agrees to some extent as the assessment emphasis's reintegration and rehabilitation (Boer, 2004). The use of the ICF system in this scheme also had influence.

6.2.2 Denmark

Assessment on work disability underwent profound changes in Denmark in January 2003. The new method is called Arbejdsevnemethoden where the aim is to clarify the individual abilities in connection to the labor market. The goal is also to investigate additional requirements and the possibility of improving the individual's capacity to work. The decision to award disability benefits depends on the functional ability of the claimant in relation to the labor market, not the medical diagnosis in itself (Boer et al, 2004). A consultant uses the Arbejdsevnemethoden to describe the citizens resources by doing the Resourceprofilen (Socialministeret, 2001).

Arbejdsevnemethoden

Arbejdsevnemethoden is a method for defining, developing and assessing employability. The overall goal is to help unemployed or sick people to find a foothold in the labor market (Boer, 2004).

Arbejdsevnemethoden supports a clarification and development of the individual's ability to work. It outlines how the consultant can describe individual's resources and barriers, develop an activity plan and follow up on the development of individual's resources (Socialministeret, 2001). The aim of this new method is to prevent the individual from entering anticipatory pension and at the same time to investigate the need for vocational rehabilitation or adjustments to work place and housing (Boer, 2004).

If vocational rehabilitation is considered to be necessary, the municipality must make a vocational rehabilitation plan in cooperation with the individual. After rehabilitation a final report states the success or failure of the rehabilitation measures. This is the main document required to grant disability pensions in the case of unsuccessful vocational rehabilitation. The person might be offered a flex job or, if the person is not able to fulfill the requirements of a flex job a disability pension is granted (Socialministeret, 2001).

The emphasis on individual resources and activation of passive resources is of great importance. This work is done in cooperation to the job the person has or in conjunction to a new job that is relevant to the job market.

This method had a huge influence on the Work ability assessment. It is used by the VR consultant to motivate and empower the individual.

Resorceprofilen

Resorceprofilen is the basic instrument used by consultants all over Denmark as a part of the Arbejdsevneметоден. This instrument focuses on resources and the development of resources (Boer, 2004). The Resource Profile is a tool where the consultant can describe the citizen's resources based on 12 factors. Those twelve factors are: former education, work experience, interests, social competences, abilities to reorient, ability to learn, wishes for the future, own expectations of future performance, level of work identity, housing conditions/ economic conditions, social network and health (Boer, 2004). All these elements are regarded important in the individual's life and all of them have relevance to the demands of the labor market (Socialministeret, 2001).

The assessment of individual work consists in comparing and matching the Resource profile of the individual with work and social demands. Evaluation occur both through conversation with the individual and during participation in interventions or treatment. Continuous evaluation process is organized and adapted to the individual needs and social requirements (Socialministeret, 2001).

The Resorceprofilen had a great influence on the development of the Basic assessment and forms the foundation of the Folder of opportunity. In the beginning the VR fund pilot tested a similar tool as the Resorceprofilen with three VR consultants. The result of that experiment was that this tool was very open and needed more clarifications concerning its use. Better instructions were made in the continuum and more VR consultants tested it. Specialists in the Vocational Rehabilitation Fund also added their knowledge with the aim of making this tool as reliable, accurate and effective as possible for the VR consultants in their work. Part of this work was discussed in the work group that was formed by the Prime ministry and was further tested there. The result in that group was to shorten this instrument. Sveinbjörg Pálsdóttir consultant for InDevelop that led this group was also an inspiration in this development and the profile of this instrument.

6.2.3 Sweden

While the work ability assessment was being developed in Iceland changes in disability assessment procedures were taking place in Sweden. Nevertheless their assessment procedure influenced the tools in work ability assessment in Iceland and their focus on looking more on cooperation with the rehabilitation.

SASSAM

SASSAM is a structured method for investigating cases of illness and coordinate them into the rehabilitation. At the same time SASSAM offers a systematic approach and serves as a common working instrument (Forsäkringskassan, 2009).

It is a structured methodology and is based on knowledge in medicine, behavioral sciences, psychology and sociology with the purpose to support a dialogue with the individual. SASSAM's main purpose is to streamline, professionalize and improve the quality in rehabilitation work.

The method looks at resources and barriers in a holistic way and requires participation by the individual. The aim is to reach a common understanding of the barriers and resources, to value individual resources and define how obstacles can be overcome when rehabilitation is planned (Forsäkringskassan, 2009).

The approach emphasizes the individual's information on medical facts, describing their illness situation and its implications for the possibilities of working. This description is based on a pre-given structure the so called SASSAM-map. The SASSAM-map contains eleven study areas investigated in steps. First there is subjective information given by the individual. Analysis of resources and barriers follows with the end point of summing up the main conclusion of the work and includes rehabilitation plan and goals for the individual (Forsäkringskassan, 2009). Gunnar Kr. Guðmundsson rehabilitation doctor was working as a doctor for the Vocational rehabilitation Fund at this time and he introduced the SASSAM-map and its use in rehabilitation in cooperation with Sven-Olof Krafft the author of this instrument.

7 Main features of the Icelandic work ability assessment

The Work ability assessment is defined as a comprehensive assessment of the individual ability to participate actively in the labor market from a physical, mental and social perspective. It describes resources and opportunities as well as detects barriers with regard to participation in the labor market. The work ability assessment is a continuous process of assessment/evaluation on the one hand and activation measures / vocational rehabilitation and treatment on the other hand.

The aim of the whole assessment process is to increase the individual's work ability by exploring and trying all opportunities from a comprehensive view. This means that physical and mental health are not only assessed, but the social situation of the individual and his position in the labor market are described and assessed as well. As a consequence less than optimal health in one area does not mean that individual is not capable of working. Strength in other areas may balance out those weaknesses and reveal that the individual is capable of working with appropriate adaptations. At the same time this assessment is intended to enhance available opportunities so that it enables and motivates the individual to be as active participant as possible in the labor market. The interaction of many different factors is therefore relevant in this context.

Table 1. Some key elements of the work ability assessment

Time frame	From weeks to several years
Service	Individualized according to need
Goal	To increase work capacity and opportunities in returning back to work in cooperation with the individual
Decision on work ability	A final decision should not be taken until all opportunities have been tried out.

The work ability assessment can be divided into three phases:

- Basic assessment
- Special assessment
- Re-assessment

Basic assessment is defined as a systematic gathering of information and advice, supervision and encouragement by the VR consultant. It takes place when the individual can no longer work because of health problems and is in regular interviews with the VR consultant. The purpose is to promote health, improve social conditions and motivate early return to work if possible.

In the Basic assessment detailed information about the overall situation of the individual is gathered and the emphasis is placed on early intervention, activation and to remove barriers to work. The VR consultant empowers, motivates and activates the individual in context to his work and social environment. The conclusion of the Basic assessment is based on this information. The information collected during Basic assessment is necessary if further information gathering and process in the Work ability assessment, such as if Special assessment is needed.

Special assessment is defined as a detailed analysis and evaluation of options and possibilities of vocational rehabilitation and is done by one or more external experts. External experts are for example doctors, physical therapists, occupational therapists, psychologists and social workers.

In the Special assessment the individual's options are explored and evaluated in a more specialized manner than during the Basic assessment. On the basis of the Special assessment a decision is made whether and how work ability can be further promoted. The result of the Special assessment indicates the individual potential in vocational rehabilitation and proposes resources and interventions in concordance to that. A comprehensive vocational rehabilitation plan follows.

Special assessment is recommended when the individual has complicated circumstances and requires detailed analyses and a more comprehensive rehabilitation plan, or if more than six months have passed in the Basic assessment without acceptable success and the activation plan or return to work plan is not working as expected.

Re-assessment is defined as a re-evaluation that occurs when vocational rehabilitation plan from Special assessment is completed or has not been as successful as expected. The result of the re-assessment may indicate that vocational rehabilitation should be repeated because the best possible performance has not yet been reached, or that the maximum work ability has been achieved. The VR consultant carries out the re-assessment and evaluates the need to call for external expert opinion.

The main rules of the new Work ability assessment

1. Describe individual situation from a physical, mental, work and social standpoint
2. Assess all possibilities to develop more work ability. There is a special need to look at barriers and resources. Passive resources can get active resources. Is it possible to remove barriers to increase work ability
3. The individual needs to be motivated and active and follow a structured plan of VR consultant
4. Look at the individual as a whole and her social environment
5. Structured follow up and continuous support
6. Describe, assess and follow up on all possibilities in the labor market for that individual

7.1 Basic assessment-method

One of the main goals when developing the work ability assessment and its tools was to use it in early intervention to assess the ability and skills of individuals to help them remain in or return to work as soon as possible. In that respect Basic assessment plays a key role in the Work ability assessment and is intended to be used in early intervention.

Early intervention is central and well known when it comes to vocational rehabilitation and return to work and it can in many cases be the most effective measure against long-term benefit dependence (OECD, 2003). The longer individual is off work the greater obstacles are in returning back to work, and the more difficult vocational rehabilitation becomes. It is therefore simpler, more effective and cost-effective to prevent people with common health problems going on to long-term sickness absence by using early intervention (Waddell, Burton, Kim, Kendall and Nicholas, 2008). Vocational rehabilitation is therefore a key process in work disability management which aims to engage or re-engage individuals to work and employment (Escorpizo, R., Finger, M. E., Glässel, A., Cieza, A., 2010). Keeping this in mind early intervention strategies for those with work loss of short duration lead to quicker return to work and reduced long-term disability (Haldorsen et al, 2002).

The knowledge that being absent from work is not just predicted by clinical features but is a complex interaction among occupational, individual, and psychosocial factors (Waddell et al, 2008) was also kept in mind in the making of the work ability assessment. When health condition permits, sick and disabled people should be encouraged and supported to remain in or to enter work as soon as possible for many reasons. There is a general consensus that work is important in promoting mental health and recovery from

mental health problems and that losing a job is detrimental (Seymor and Grove, 2005). Looking at musculoskeletal conditions activity-based rehabilitation and early return to work are therapeutic and beneficial for health and well-being in most cases (Waddell and Burton, 2004). Some positive influences by being in work are known. They are:

- it is therapeutic
- helps to promote recovery and rehabilitation
- leads to better health outcomes
- minimizes the harmful physical, mental and social effects of long-term sickness absence
- reduces the risk of long-term incapacity
- promotes full participation in society
- improves quality of life and well-being

Waddell and Burton (2006).

The VR consultant is responsible for providing continued support, guidance and supervision, on a one-on-one basis, to individuals as they work on their vocational rehabilitation plan. This is therefore a continuous process of assessment, activation measures and treatment where the resources are limited and often sufficient to get people back to work. By this early intervention individual find new ways and new direction before more windup of symptoms occurs.

The information in the Basic assessment is gathered in a systematic way based on a certain method “Arbejdsevneметoden” from Denmark. This method emphasizes respect for the person and the vision that everybody has skills that can be developed with assistance. The individual is the key player and a center of attention, but at the same time he needs to take responsibility for his situation. The individual’s believe of his/her capability is very important factor in the Basic assessment and tells the VR consultant what the individual’s work ability is at this moment.

The method is based on a process in which the VR consultant, in collaboration with the individual, explores what skills the individual has or can develop and the opportunities to use them in the labor market. This analysis is necessary to realize to what extent there are opportunities for the individuals to participate in the labor market given the barriers they have. At the same time it is evaluated if it is possible to start a vocational rehabilitation process to remove barriers and improve and develop new skills with the aim of being able to partly or fully participate in the labor market. As a result the VR consultant gets a detailed picture of the individual where the emphasis is on motivation and activation.

The VR consultant leads the information process/conversation with that in mind to look at the resources of the individual and his function, instead of aiming at what is lacking. At the same

time he helps the individual set realistic objectives to realize possibilities. The VR consultant also seeks to encourage and motivate the individual in order to increase his possibilities so that this support will be a success.

An individual can be working with the VR consultant for up to six months in the Basic assessment phase. After that time has passed a specialist in the VR fund, together with the VR consultant, re-evaluate the process, the individual progress and the individual's circumstances. At this point more detailed assessment might be needed if progress is not acceptable.

With the creation of Basic assessment a forum is created for the VR consultant to meet the individual where he is and to encourage him to be actively involved in the assessment process. The individual's voice can be heard and at the same time he is encouraged to take responsibility of his life and circumstances. Active participation and responsibilities of the individual is very important in the work ability assessment. This is secured in the very beginning by informed consent with the individual where goals, activities – and/or rehabilitation plan is outlined as well as her/ his rights and responsibilities.

7.2 Basic assessment – instruments and their use

Basic assessment is comprised of several instruments. There are 2 screening instruments that form the first part of the Basic assessment, Basic information and Screening. The Folder of opportunities (based on the danish Arbejdsevnmethode) with reference materials is another instrument and the framework in the VR consultant work. It is worked on after the first two screening tools have been completed.

Basic Information

In the first interview the VR consultant is asking for socio-demographic information concerning the individual. Here are questions about status in the community as well as about the main problems related to getting back to work. The purpose of the Basic information (see Appendix 1) is to get insight into the social history of the individual and his connection to the job market as it is today.

Screening

Screening (see Appendix 2) is done at the beginning, no later than during the second interview. The purpose of Screening is to identify individuals at increased risk of long term incapacity and individuals who are in need of immediate therapeutic help. It is an instrument that identifies

and isolates known risk factors related to the individual's attitudes, social circumstances and health to detect known obstacles to recovery and barriers to return to work.

Known risk factors for not returning to work are well known and have been outlined in numerous research articles. This knowledge was applied when developing this instrument to identify individuals early in the process that are at risk of not returning to work by asking them about those factors in the very beginning. These risk factors include:

- Fear of injury associated with physical activity and working.
- Low expectations of recovery/return to work.
- Low mood, anxiety, and withdrawal from normal social interaction including work.
- Reliance on passive treatments.
- Negative attitude to physical activity and self-management.
- Poor relationships with coworkers and supervisors.

(Main and Spanswick, 2000).

Over twenty experts in different fields were also asked to comment on this instrument based on their experience. To mention some: rehabilitation doctors, neurologist, psychologist, physical therapist, occupational therapist, neuropsychologist, social worker etc.

If it is apparent at this point that the person needs more specialized assessment the VR consultant works through so called Quick evaluation. This involves certain minimum information that is required before the Special assessment. This includes Basic information, Screening, Assessment of possibilities and reference material from all six parts of the Folder of opportunities, the so called ICF tables. This information is subsequently evaluated and put forth by the VR consultant in the form of resources and barriers as it relates to the job market. These information are thought as necessary for the Special assessment.

Assessment of possibilities

In the Assessment of possibilities (see Appendix 3) the focus is especially directed at the individual himself and his point of view. He is asked in a systematic manner about what solutions he considers necessary in order to be able to return to the job market. The aim of Assessment of possibilities is twofold.

- On one hand the VR consultant gets a good overview of what the individual thinks is needed to improve his work ability.
- It is an important overview for the individual since he gets a good idea of his strengths, opportunities and barriers, problems and responsibilities in working towards solving them

The Assessment of possibilities is also done at discharge and therefore serves as a certain method of outcome measure of the VR process. Another potential use of Assessment of possibilities is around rehabilitation benefits and its plan. By doing this the Assessment of possibilities could be used as an evaluating tool in this process. If the Screening has not revealed a need for a more specialized intervention during the initial stage the VR consultant continues his work with the client in the Basic assessment phase.

Folder of Opportunities

The Folder of opportunities is used to structure a dialogue between the VR consultant and the person. When using this instrument the VR consultant assembles information about the individual's health, education, work and interests to name a few, into a holistic picture of the individual. As a result of exploring and communicating with the individual he gets an increased understanding of abilities and opportunities and this motivates and activates him. Therefore the Folder of opportunities enables the individual to discover new skills and opportunities.

The basic aim of this instrument is to gather a detailed picture of skills of the individual with regard to competence and effectiveness in the workplace. It is essential that the information is documented as accurately as possible to ensure that the Basic assessment will be as objective as possible.

The purpose of The Folder of Opportunities is to create an opportunity for the individual to explore and discuss his circumstances, experiences and opportunities in an environment of acceptance and without judgment. It is assumed that every individual has skills that can be developed and an ability to learn something new. The individual's belief in own capacity is a prerequisite for an objective assessment of own skills and setting realistic objectives for the future.

The Folder of Opportunities has the following chapters:

1. You and the job market
2. Education
3. Interest/hobbies
4. Social skills-personal abilities
5. Social and financial issues
6. Health

There are checklists within each chapter that are intended to provide guidance and support during the conversation between the VR consultant and the individual with

regards to what kind of information could be important at every point. Reference material comes with the first two chapters with the aim of summarizing the experience in the labor market and formal and informal education of the individual. ICF (International Classification of Functioning) tables are also related to each chapter and are explained separately (see Appendix 5).

ICF-tables

Specific ICF Tables within each chapter of the Folder of Opportunities are intended to effectively assemble a holistic view of the individual and his perspective of his situation at the beginning of the VR process. In the ICF classification system all items are operationally defined with descriptions that can be applied to real life evaluations with clarity and ease. Those descriptions are applied in the ICF tables where the individual is asked to describe his situation using a five point scale as is done in the ICF classification system with the use of qualifiers.

Qualifiers are defined as the levels of functioning seen in a standardized or clinic setting and in everyday environments and they support the standardization of the ICF system (Reed et al, 2005). An impairment, limitation or restriction is qualified as 0 as a no problem, 1 as a mild problem, 2 as a moderate problem, 3 as severe problem and 4 as complete problem (WHO, 2001). There are 10 functions from the ICF classification system used in those six tables.

The information gathered in the ICF-tables is necessary if the individual must later have a Special assessment and the VR consultant must gather information for ICF-tables at the beginning of the Basic process without exception. To further increase the utility of the ICF tables the consultants are required to gather the same information for the ICF tables from the individual at discharge, thus the tables serve as an outcome measure in the VR process.

Activity plan

During Basic Assessment the VR consultant encourages and helps the individual set realistic outcomes objectives to target and enhance his/her performance, participation and return to work activities. Those objectives are documented in the Activity plan (see Appendix 4) which undergoes continuous revisions and reevaluation during the VR process. In the Activity plan both short term and long term objectives are set. The aim of Activity plan is for the individual to set realistic objectives to help him reach his goal and build his capability to return to work.

Various tools and reference material

Other instruments and supplementary material can be suitable at this stage, both to receive more detailed information on the individual and as a part of Activity plan for the individual. This extra material has the aim to further motivate and enable the individual.

7.3 Conclusion of the Basic assessment

The results are based on:

1. The information that was given at the beginning of the process
2. Information obtained by the instruments in the Basic Assessment
3. Performance data from the resources that took place in the Basic assessment

Although the main purpose of the Basic assessment is to assemble a comprehensive view of the status and well being of the individual, it is not always necessary to cover every detail involved. The VR consultant evaluates the need based on the information collected. In the end Basic assessment should give an overview of the main resources and barriers of the individual with respect to his job or job market in general and the following is a priority list for Return to Work. It is a typical hierarchy of options and includes the following:

1. The same job - same employer.
2. The same job with the adaptation / training -same employer.
3. Other job - same employer with or without adaptation / training.
4. Similar work with other employer, often with adaptation / training.
5. Other employment with other employer with or without adaptation / training.
6. Training and retraining.

7.4 Special assessment-method

It is known that simple low-intensity interventions are not always suitable for an individual with significant barriers to recovery, or for those that have been out of work for more than six months (Haldorsen et al. 2002). At the same time it is important to recognize that those who have been absent from work for many months can be rehabilitated successfully through a comprehensive rehabilitation program (Watson et al. 2004). Diagnoses are important for defining the cause and prognosis of the individual, but identifying the limitations of function and how it affects the individual is often the information used to plan and implement interventions in rehabilitation. Intervention at

one level can prevent or modify function at a succeeding level, for example participation (Bornman, J., 2004). This is agreement with the aim of the Special assessment.

In rehabilitation the individual is seen in a holistic view where all the factors are taken into account. Often it is not depression or the back pain that matter the most, but the coping mechanism and the motivation of the individual might be the obstacle. Special assessment looks at the individuals function in relation to his work and detects how the barriers experienced by the individual can be avoided or decreased while, personal resources are utilized at the same time to achieve maximum activity. Therefore the aim of the Special assessment is to assess function loss and if adaption to the function loss needs to take place. Both of those factors are worked with in vocational rehabilitation.

A collective decision to perform Special assessment is made by the VR consultant, senior consultant at VIRK and the individual himself. At least one of the following conditions should be met:

- The individual has complex problems and the consultant needs guidance to further explore the potential of the individual for vocational rehabilitation
- Activity plan is not working as intended or interventions in the Basic assessment have not been successful
- More than six months have passed since the individual and the VR consultant started working in the Basic assessment and progress is not as expected

In the Special assessment the opportunities of the individual are assessed in a more specific manner than in the Basic assessment. The result of the Special assessment indicates the potential for vocational rehabilitation and proposes resources in concordance to that. Later on if vocational rehabilitation is not successful after interventions suggested based on the Special Assessment the information gathered during the Special assessment process can be used in the framework to inform decision on disability benefit. Initially it is however important to focus on the potential for vocational rehabilitation with respect to return to work, before thinking about other alternatives.

Before the individual is assigned to Special assessment the VR consultant explains to the individual the aim of the Special assessment, what information will be gathered, the process the Special assessment and possible outcomes. The VR consultant also needs to summarize the conclusion of the Basic assessment and give it to Special assessment manager.

Who conducts the Special assessment?

The VR fund has made a contract with certain external experts to do the Special assessment. These experts have been trained to perform the assessment and do agree to the ideology of the VR fund.

Special assessment can be twofold:

- Assessment by chosen specialist/s, one or more. What expert is chosen is based on need and primary concern of the individual.
- Comprehensive assessment where a physician, physical therapist, psychologist and occupational therapist assess the opportunities and barriers of the individual in regard to vocational rehabilitation and return to work.

A comprehensive assessment should take place if all other options have been exhausted and before an individual applies for disability benefit. Lets take a look at the role of different parties in Special assessment.

VR consultant

- Assesses the need for Special assessment together with a Senior consultant of the VR fund
- Explains the aim of the Special assessment, what information will be gathered and the process
- Gathers required information, the conclusion of the Basic assessment and sends it to the Assessment manager
- Contacts the Assessment manager
- Prepares and invites to a final delivery meeting among stakeholders, collects information and documents decisions with regard to the vocational rehabilitation plan (VR plan) of the individual
- Jointly prepares a VR plan with the individual based on the Special assessment and decision of the delivery meeting.
- Follows up on the VR plan and assesses the need for further resources and re-assessment.

Senior consultant at the VR fund

- Jointly assesses the need for Special assessment together with the VR consultant
- Attends the delivery meeting of Special assessment to ensure that all perspectives/views of all the participants are discussed. Ensures that realistic objectives and a VR plan are put forth and agreed on at the end of the meeting
- Assist the VR consultant if necessary to further work on the VR plan of the individual

- Follow-up on the VR plan, documentation and quality control as needed
- Assesses the need of re-assessment together with the VR consultant

Assessment manager

- Assessment manager is an external expert and is responsible for management of the special assessment.
- Is the contact person for the VR consultant during the Special assessment process
- Suggests participation of other experts if needed
- Gathers and summarizes conclusions from the external experts and makes a proposal for a VR plan with respect to those conclusions
- Is responsible for returning the conclusion of the Special assessment in a certain form required by the VR fund
- Ensures that the Special assessment fulfills the requirements of the VR fund in respect to content and procedures
- Has the responsibility to document the results in the computer System of the VR fund.
- Meets with the VR consultant, Senior consultant of the VR fund and the individual in a delivery meeting and discusses the conclusion of the Special assessment

External experts in Special assessment

- Perform Special assessment with respect to their specific knowledge and skills and according to the procedures and instruments provided by the VR fund for Special assessment
- Returns the conclusion to the Assessment manager on a specified report form the VR fund provides
- Attends a delivery meeting with the VR consultant, Senior consultant of VIRK, Assessment manager and the individual, if requested

7.5 Special assessment-instrument and their use

A special report form has been developed for the professionals doing the Special assessment. Each and every expert in Special assessment meets the individual and uses the following forms as guidelines in assessment and information gathering:

1. Conclusion of the Basic assessment gathered by the VR consultant
2. Report form that is provided by the VR fund (see Appendix 6)
3. Assessment of ICF functions that are relevant for the specialist in question (see Appendix 7)
4. Conclusion or summary of findings for that specialist (see Appendix 8).

In those conclusion the following should be mentioned:

- Summary

- Resources with respect to the labor market
- Barriers with respect to the labor market
- Proposals of short and long term work related objectives Advice on graded return to work practice with regard to individuals health status

In this report the expert are requested to evaluate/assess the thirty functions listed from the ICF framework. Twenty of them are extracted from the core set of EUMASS that was developed as a functional assessment for disability claims in Europe (Brage S, Donceel P, Falez F., 2008). The purpose for using them in the Special assessment is to be able to work systematically with those important factors through rehabilitation. That way when it comes to a final decision on work ability or disability the transparency is secured and working effectively with the individual and improving his work ability has been tried out. The other 10 functions are extracted from the Basic assessment but the external experts have to go through them nevertheless.

The aim of the special assessment is to identify early in the process the functions that need to be improved during vocational rehabilitation. The decision to use the qualifiers in the ICF as a sitemap is to identify this need. Qualifiers support the understanding of function in a multidisciplinary team in the assessment and enable all team members to quantify the extent of functional deficits (Rauch, A., Cieza, A., Stucki, G., 2008). An impairment, limitation or restriction is qualified from 0 as no problem, 1 as mild problem, 2 as moderate problem, 3 as severe problem and 4 as complete problem (WHO, 2001). Specialists that perform the Special assessment are asked to take into account all information that have been gathered about the individual in the Basic assessment and the Special assessment before they use the qualifiers in each part, not just the interview and the examination. They are also asked for the reasoning for choosing the qualifier in each part.

One might argue that this is not a very precise assessment but it was decided by me to specially target functions that scored with the qualifier 2 or higher and should be taken into account when the specialist puts down his/her conclusion and is in conjunction to the decision of WHO (2001) that indicated that the cut-off qualifier used should be 2. This means that in the conclusion of the Special assessment functions should be specifically stated and targeted for further work during the vocational rehabilitation.

7.6 Conclusion and delivery of Special assessment

Assessment manager collects the conclusions from the specialists, summarizes in a report that contains the following (see Appendix 9):

1. Proposals of goals and outcomes or measurable objectives in the framework and what kind of resources is needed to achieve the objectives in the short/long term. This must be justified in the conclusion of different specialists
2. Plan on return to work justified by the conclusion of different specialists

Assessment manager delivers following forms and reports:

- The assessment of all specialists
- The report of ICF functions
- Conclusion of all specialists
- Report from the Assessment manager

When these forms and reports are ready a delivery meeting is held. During this meeting the VR consultant, Assessment manager, Senior consultant at the VR fund and external expert meet the individual and discuss the conclusion of the Special assessment team. Following the meeting the VR consultant and the individual agree on detailed vocational rehabilitation plan for the individual and then develop it further in cooperation with professionals that provide VR services.

7.7 Re-assessment

Re-assessment is done to assess whether the vocational rehabilitation plan set up by the Special assessment was adequate or not. The VR consultant carries out the re-assessment and evaluates the need to call for external expert opinion. It occurs when vocational rehabilitation plan from the special assessment is completed or is not a success. Conclusion of the re-assessment may indicate that the individual needs more time in vocational rehabilitation where more complex interdisciplinary rehabilitation is used, or if possible optimal functional ability or adaption has not yet been reached. It can also state that a maximum competence has been achieved – at least at this time.

8 Research part

During the first year of n the operation of the VR Fund the main emphasis was placed on building the infrastructure, define concepts and develop policies, methods and processes. Development of the work ability assessment was an important part and was done in cooperation with different professionals in this field, both domestically and abroad. When the new work ability assessment was developed and started to be pilot tested by the VR fund there was a need to consider many factors in standardization and further implementation. Many developmental projects are underway, and they will be evaluated either or both qualitatively and quantitatively. The projects that have begun so far will now be described.

8.1 A structured development of the Basic assessment

Introduction

When 400 individuals had been assessed in the Basic assessment phase, the author decided to analyze the assessment tool to gain a deeper understanding of what was working well and what needed to be changed. Some of the VR consultants had complained that some questions lacked appropriate wording to describe the various situations amongst individuals with different needs. The specialists of the VR fund were also aware of the problem that the VR consultants did not always get a holistic view of the individual before a decision on vocational rehabilitation was taken. The focus was too much on the symptoms and barriers in connection to the labor market rather than on ability and resources. At the same time there was a certain trend to emphasize factors in the Folder of opportunities based on the background knowledge of that consultant. A physical therapist working as a VR consultant focused more on physical factors and used physical therapy much more than an educational specialist working as a VR consultant who would place more emphasis on education and prioritize educational resources.

The aim of the working group was to improve the tools that are presented in the Basic assessment, standardize their use and further develop them. The aim was also to simplify the work process as much as possible for the VR consultants and at the same time to secure that a holistic view of the individual and as standardized assessment as possible.

Method

It was decided to use a qualitative research method. One of the reason for choosing this method was because this approach has the advantage of allowing for more diversity in responses where group discussion produces data and insights (Davíðsdóttir, 2003).

Two kinds of working groups were doing this work. One group consisted of five VR consultants working in collaboration with the VR fund. They were recruited from their extensive experience in using the instruments in the Basic assessment. The other group consisted of five people from the public sector where the aim was to elicit the views of other external parties and to get a broader dimension of the instruments. It was decided to get representatives from the Social Insurance Administration and Directorate of Labor that were familiar and used to work in the field of vocational rehabilitation. To elicit the group of disabled individual the chairman for the disability workplaces, the so called Hlutverk, was also in this working group.

Results

The number of meetings in both groups were 13. The meetings were held from November 2009 to February 2010. And the author was the moderator in them. The information from the groups was collected by the author, all suggestions of changes were noted as well as the reasoning. Those minutes were sent out to all the participants in the working groups to confirm their correctness, but the final decision on changes in the Basic assessment was taken by the author.

Improving the screening forms in the Basic assessment was done in a systematic manner. Each question was analyzed and the wording adapted in order to better fit people with different needs. Some questions were added to further clarify the status of the individual and others were discarded. In the end the instruments were changed a bit. Instead of having Screening 1 and Screening 2 it was decided to use the word Basic information and Screening and as a consequence the order of the questions changed to better fit the aim of those new instruments.

The second aim of reforming the Basic Assessment was to simplify the work process and secure that the VR consultant were still working with the individual through all the chapters in the Folder of opportunities. The conclusion was that the VR consultant must work through the Basic information, Screening and all the ICF tables before a rational decision can be made on what kind of VR intervention and services is needed for that individual. By doing this all resources and opportunities are explored and not only

barriers and limitations. This working process is called Quick evaluation, and was also seen as a more realistic method for the public sector to use.

After revising the instruments in accordance to the analysis of the two work groups the five consultants tested the changed instruments for four weeks on individuals coming to their service. At the end of that testing time further changes were made. All the participants in the working group were sent the conclusions of the final work of the consultants and were asked to comment on them. Finally all the VR consultants working for the Vocational Fund were informed of the changes made and in the continuum were sent the revised instruments for use with their individuals.

Discussion

As the VR consultants gained more experience with the use of the instruments in the Basic assessment it was clear that some changes were needed. The wording in some questions was seen as a problematic since individuals receiving the services had very diverse needs. Some were receiving disability benefit while others were working part time but sick listed part time. It is however impossible to find a wording that can serve all possible needs or circumstances of the individuals. The VR consultant needs to have the ability to rephrase questions and comments as needed.

The work process is extremely important when it comes to achieving the goals that are set at the beginning. The idea behind the Basic assessment is to empower the individual by focusing on activating his passive resources and exploring opportunities. That way new possibilities can be identified and at the same time his self image is strengthened. The barriers to work are worked on in an objective manner through vocational rehabilitation at the same time.

To be able to guide an individual and decide what kind of VR interventions/ services should be chosen and when, the VR consultant needs to have a full picture of the individual. He does that by working through a **minimum** set of instruments with the client. A decision on interventions and services should not be taken until those information has been collected and evaluated. The VR consultants tends to focus more on the problems and the empowerment, motivation and support role of the consultant did not play a big part in their role. Therefore it was decided that of the information gathering process should be clarified and made certain questions required without an exception.

The representatives of the public sector pointed out that if the Basic assessment would be used in their institution it may not take too long time. A suggested solution to that was a shorter version of the Basic Assessment, the Quick evaluation. While pilot testing the Quick evaluation the VR consultants timed it. On average they needed two sessions with the individual to finish it instead of five or six sessions. Another solution in this context might also be that the individual take the ICF tables with him home after the first session and returns it at the second session. The second session could therefore be used to identify the resources and barriers in each chapter.

The method used in this work was quite efficient and appropriate at this time even though it is quite time-consuming to conduct. The group participants were quite happy with it too. A forum was created to discuss and criticize the Basic assessment and its instruments with people that had both knowledge and experience in the field of vocational rehabilitation. Therefore each step in the development of the assessment tool is carefully done with many different players.

The VR fund is growing fast, many new VR consultant have begun their work since this was done. It is therefore necessary to review the assessment procedure again after one year. Another important step is to define in a more precise manner key definitions in the work ability assessment.

8.2 Clients' views on Basic and Special assessments

Introduction

In the development of the new work ability assessment it was been decided to consider the views of the clients in addition to the professionals. The clients' attitude to the new assessment method, and their acceptance would be a necessary prerequisite to a successful full-scale implementation. I therefore wanted to do a simple and small-scale survey of how clients who had been evaluated by the new method experienced the assessment.

The aim of the survey was to explore the views of the clients on the Basic and Special assessments, and ask if the service had been helpful in respect to getting help in their sickness and return back to work.

Method

A telephone survey was carried out in June and July 2010. For this, a questionnaire was developed that contained eight open-ended questions (table 2). The telephone survey was

carried out by the author, and he wrote down the exact answers of the individuals during the interview. At the start of the telephone call they were informed that their name would not be used and their answers would not in any way affect the service they would get from the VR fund in the future.

All individuals that had gone through Basic assessment and Special assessment in May and June were contacted. In advance, the VR consultant had received their consent and willingness to participate in the study. In total, 17 individuals that had gone through the whole assessment process in those two months were contacted. Two refused to participate because they didn't have the time or thought it would be too difficult to answer it, and one could not be contacted.

The participants were overall satisfied with the Basic assessment and its procedure. The information gathered by the VR consultant was appropriate and asked for in a systematic manner. Most (11 of 14) were also satisfied with the Special assessment where they felt a lot of encouragement and motivation by it.

Discussion

A lot of work has been put into the developmental process of the Basic assessment, its instrument and procedure. As a consequence it seems to work in a proper manner so that the individual getting the service is satisfied with it. At the same time the VR consultant seems to be using it in a proper manner that is acceptable to the individual getting the service.

The special assessment gives a lot of motivation to people to continue and at the same time feel secure about next steps in their rehabilitation process. From the comments of the individuals that weren't so happy it seems to be in part due to some misunderstanding of what was the aim of the Special assessment and its procedures is. Some of those individuals thought it would give them a diagnosis and others thought it was a tool to evaluate them for disability benefits. From this conclusion I think it both for the VR consultant and the individual himself need to have a better idea of the purpose of the Special assessment and its procedures. This can be achieved with more standardization of its procedures and further development. It is also clear from the answers above that it is important that the individual going through the Basic assessment and the Special assessment feels that it is a continuous process to help him increase his functional abilities and return to work possibilities. That is the aim of this process, not in deciding on disability benefit.

The method used in this survey was quite convenient at that time point. A lot of work had been done to standardize the instruments in respect to its content. The individuals themselves have however not been asked in a systematic manner how they liked it.

Table 2. Clients' views on the new work ability assessment. Iceland 2010

Question	Yes	No	Neither/nor Or do not know	Not relevant	Comments
Has the cooperation between you and the consultant been useful?	14	0			"Very much. I think she is very comfortable. As your employee she deserves a lot of compliments"
Do you think this cooperation was important when it comes to return to work?	8	4		2*	"Difficult to answer since I am now on a temporary disability benefit. Of course it will be difficult to go back to work since I am having difficulty remembering what happened yesterday" "I am not there yet though I am putting some ideas on a paper"
Do you think the consultant is systematic in gathering information?	14				"Yes very much" "Yes it has been beneficial for me"
Overall, what did you think about the special assessment?	11	3			"I think it puts down more effective plan for me" "I liked it a lot. I feel more secured about my situation and I got a plan that encourages me to go on, somebody cares" "A big part of my goals are getting back to work. Here I am told in black and white what needs to be done" "Don't know, felt like I was being judged by some specialist that I didn't know at all."
Do you agree with the conclusion from the special assessment?	10	1	3		"Yes and no. I felt like I had to prove how bad I was. I don't have the power to work" „I am anxious getting back to work now"
Did the special assessment motivate you to work further with your problems?	11	3			"Yes it felt as a lot of support for me. It is the reason why I am still exercising. It has helped me a lot" "Yes it did. If I don't do anything about this I will not succeed" "I got hopeless. You cannot rehabilitate eczema. There is so little that can be done"
Do you think the rehabilitation plan is going to work out for you?	12	1	1		"No and I have quit seeing the consultant" "Yes I fully believe in it" "Most of it, I don't think I will be able to work 50% in the time spectrum that was put up"
Do you think there is something missing in the rehabilitation plan? If yes then what?	1	11	2		"Yes, doctors need to work closer together" "No it was worked in a manner that I felt like there was a lot of cooperation. I felt like a big participant in the whole process and so it is very nice" "No this is exactly what I need, not too much"

* two people were in the process of applying for disability benefit.

There is a risk that the answers of the participants were biased in some way because of a certain tendency to say they are happy with the service because it is at no cost to them, or because they are afraid that it might affect the service they will get in the future. The number that participated in this survey was small because the time frame used was short. Therefore one cannot draw any firm conclusions from this survey. However the answers could be an indication that this method is acceptable to the Icelandic vocational rehabilitation patients.

Results

14 individuals completed the questionnaires, 10 women and 4 men, aged 24-51 years (mean 38,7 years).

8.3 Testing of the Content validity of EUMASS core set

Introduction

There are many assessment methods and instruments in use with different aims. During the developmental process my conclusion was that an instrument or a scale was needed to give some basic functional information on the individual. I decided to see if the EUMASS core set was useful in this respect. In the continuum I contacted Sören Brage, leader of the ICF working group within EUMASS and the result was my participation in testing of the EUMASS core set in a multi centre study aimed at validating the core set.

Within EUMASS the ICF-working group developed a core set for functional assessments in disability benefit claims i.e. for long-term restrictions in work participation (Brage et al, 2008). It contains 20 categories from ICF – 5 from body functions, and 15 from activities/participation. The EUMASS core set represents an acceptable minimal set of items that is useful but not necessarily sufficient for the disability evaluation in the social systems of all participating European countries and probably also in other parts of Europe (Brage, Donceel, Falez 2007). As has been explained earlier the thought by using this core set earlier in the process is a greater chance to influence those important factors through the rehabilitation process and before a decision is made on disability. This is also in fluctuation with the aim of the special assessment which is to recognize early in the process the function that is missing and needs to be worked with in the rehabilitation.

The participating medical doctors use the ICF core set when they process individual claims in their every day practice.

Inclusion criteria for participants in using the Core sets are medical consultants (or equivalent position) and minimum one year's experience in assessing claims for long term incapacity for work.

The aim of this study was to test content validity of the ICF core set, both in the evaluation of claimants for disability benefits and in the functional evaluation in VR or return to work. The aim was also to examine sufficiency and usefulness of the core set in the VR setting.

Method

When physicians assess individuals, they can either meet the claimants in person for interview and/or examination or they can assess the medical information given in the individual files and medical documentation.

In the former case, the physician can actively ask and observe functional ability based on the categories from the core set, while in the second case no such option is available. Therefore there are two forms; one in-person version (see Appendix 11) and another one is a paper files version based on evaluation of written documents (see Appendix 12).

For each claim, the participant doctor fills out the appropriate form in the correct version. The scaling of categories corresponds with the ICF qualifiers for body functions and activities/participation, as defined in the ICF checklist (WHO 2007). For activities/participation, the doctor should assess the claimants' ability when all realistic aids are used

In this study two different groups of doctors tested the core set. Three doctors working in rehabilitation were chosen for their knowledge and experience in rehabilitation and the use of ICF in clinical settings. They met the claimant in person.

The other group that participated were all the medical doctors working for the Social Insurance Administration in deciding disability claims. They were chosen because of their knowledge and experience in the evaluation of disability benefit. They used the paper file form. Results for the two groups were analyzed separately.

8.3.1 Results from the rehabilitation doctors

As has been suggested earlier the purpose of using the EUMASS core set early in the process is twofold. By using the same functional assessment from the very beginning of disability, through the whole evaluation process until the individual might need to have his eligibility for disability benefits evaluated both consistency and transparency are secured and in return functional loss should be minimized. By working effectively and

systematically through the rehabilitation based on the results of the core set where not only functional loss is being worked on, but also the individual is taught to adapting to a new situation and functional limitations.

Three doctors participated, two males and one female. Their age distribution is from 40-52 years old and they have 14-22 years of practical experience. They were instructed to use the Core set on consecutive disability applications where they met the patient in person. The participant recruited were the ones coming into rehabilitation at Reykjalundur and in Hveragerði in the department where the participating doctors were working.

They completed 8, 11, and 29 cases respectively, together 48 cases and gave several useful comments that were used to further develop the content of the special assessment. The comments are reported below.

The three doctors completed 48 questionnaires in total

- Patient age: 21-65 (mean 41.1 years)
- Patient gender: 25/48 Females (52.1 %)

Table 3. Patient occupation. Rehabilitation experts

	Number	%
Legislators, senior officials and managers	0	0
Professionals	6	13
Technicians and associate professionals	4	8
Clerks	5	10
Service workers and shop and market sale	13	27
Skilled agricultural and fishery workers	1	2
Crafts and related trade workers	2	4
Plant and machine operators and assemblers	2	4
Elementary occupation	14	29
Armed forces	0	0
No occupation/missing	1	2
In all	48	100

In this table one could see the occupation of the individuals coming into rehabilitation. Most of them are of elementary occupation and service workers. Professionals, technicians and clerks are also prominent.

Table 4. Patient primary diagnoses. Rehabilitation experts

	Numbers	%
Endocrine disorder	1	2
Mental disorder	11	23
Neurological disorder	12	25
Cardiovascular disorder	1	2
Musculoskeletal disorder	15	31
Genito-urinary disorder	2	4
Symptoms	3	6
Injuries	3	6
In all	48	100

The most common primary diagnosis is musculoskeletal disorder. Mental disorder and neurological disorder is close behind.

Median time out of work: 12 months (0-180 months).

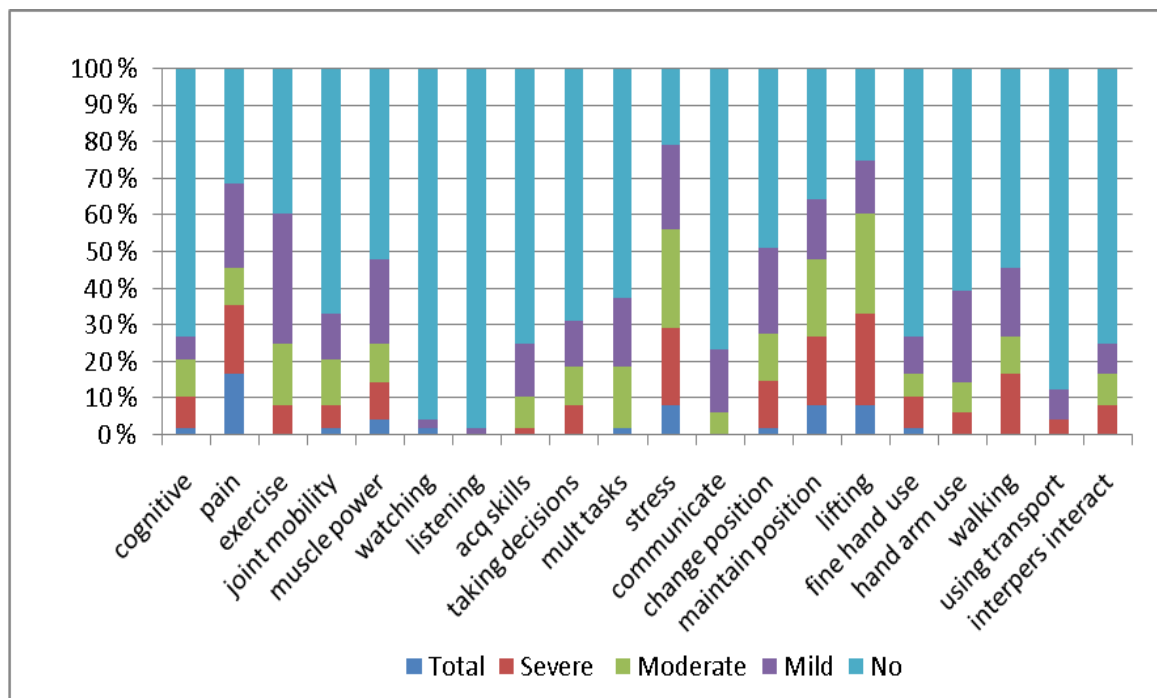


Figure 2. Score distribution of the 20 items in EUMASS core set. Rehabilitation experts

The most marked items in the core set are stress, pain and physical findings as lifting, maintaining and changing position. Exercise tolerance and muscle power are also prominent.

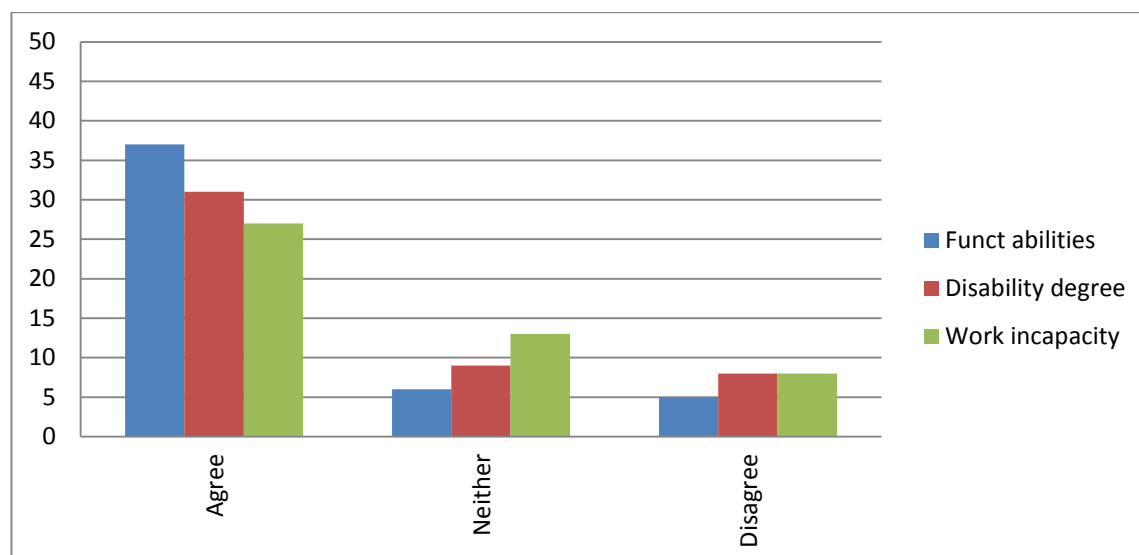


Figure 3. Are core set items sufficient? Rehabilitation experts

The rehabilitation experts rated the core set sufficient in most of the cases in the questions above. In only 5-7 cases out of 48 the rehabilitation experts didn't find the core set items sufficient.

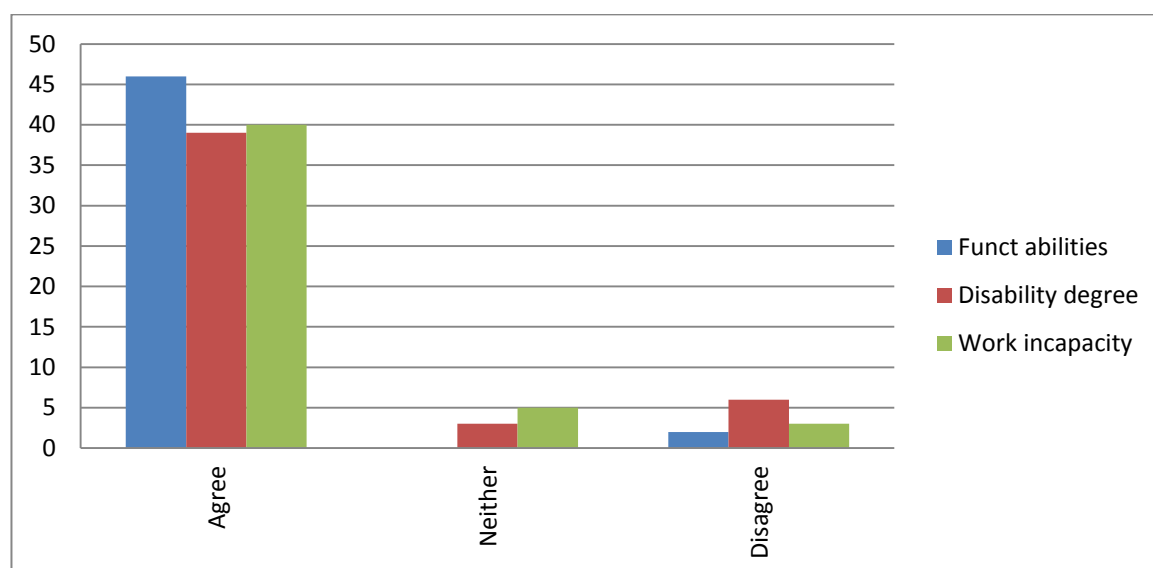


Figure 4. Are core set item useful. Rehabilitation experts

The rehabilitation experts thought the core set items to be useful in almost all cases. In only 2-6 cases out of 48 the rehabilitation experts didn't find the core set items useful.

In most cases the time used to complete the core set was between 15-60 minutes. This question might have been misunderstood and time of rating included the examination as a whole.

No information on function was lacking and the rehabilitation doctors found the core set both sufficient and very useful.

Table 5. Time used to complete EUMASS core set. Rehabilitation experts

6-10 min	10 %
15-25 min	45 %
50-60 min	40%

8.3.2 Results from medical doctors evaluating disability claims

The purpose of the study was the validation of the EUMASS core set. The interesting part here is that by learning more about which factors are important in disability claims it might be possible to work more effectively through the Special assessment and the rehabilitation to better meet the needs of each individual and assist in a more effective manner.

Four medical consultants in the Social Insurance Administration were invited to participate and sent a questionnaire including the Core set. They were instructed to use it on 10 consecutive disability applications where they used the paper files form. The doctors were also asked to answer a questionnaire to gain a deeper understanding the answers will be explained in the next section. This study was approved by the Bioethics Committee and reported to the Data Protection Authority

Results

Four doctors participated, all male. They were at the aged 49-66 years old (mean age 60 years old) and had 23-39 years in practice experience. They were instructed to use the core set on disability applications where they usually used the written paper documentation.

They completed 40 cases respectively, 10 cases each and gave comments on some of the participants.

- Patient age: 21-65 (mean 50.1 years)
- Patient gender: 22/40 women (55.0 %)

In this table one could see the occupation of the individuals coming to the social security consultants. Most of them are of elementary occupation. Crafts and trade workers, technicians and service workers are also prominent.

Table 6. Patient occupation. Social security consultants

	Numbers	%
Legislators, senior officials, and managers	0	0
Professionals	2	5
Technicians and associate professionals	4	10
Clerks	3	8
Service workers and shop and market sales workers	4	10
Skilled agricultural and fishery workers	0	0
Crafts and related trade workers	5	13
Plant and machine operators and assemblers	1	3
Elementary occupations	17	43
Armed forces	1	3
No occupation/missing	3	8
In all	40	100

Table 7. Primary diagnoses. Results from the social security consultant

	Numbers	%
Neoplasma	5	13
Neurological disorders	2	5
Mental disorders	17	43
Cardiovascular disorders	1	3
Respiratory disorders	3	8
Musculoskeletal disorders	10	25
Injuries	2	5
In all	40	100

In this table one could see the primary diagnosis of the individuals coming to the social security consultants. The most common primary diagnosis is mental disorder. Musculoskeletal disorders are in second place and neoplasma in the third.

Median out of work time: 13 months (0-360 months)

The most common information missing in the core set items are using transport, acquiring skills, exercise tolerance, communication and interpersonal interaction.

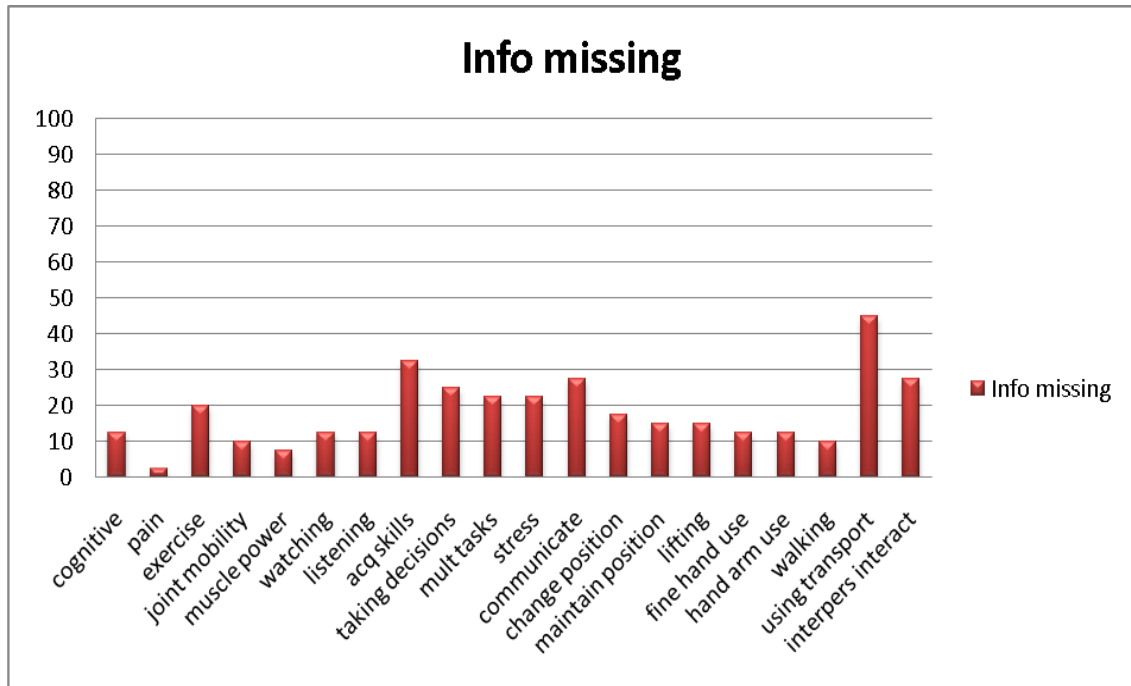


Figure 5. Lack of information on core set items (in %). Social security consultant

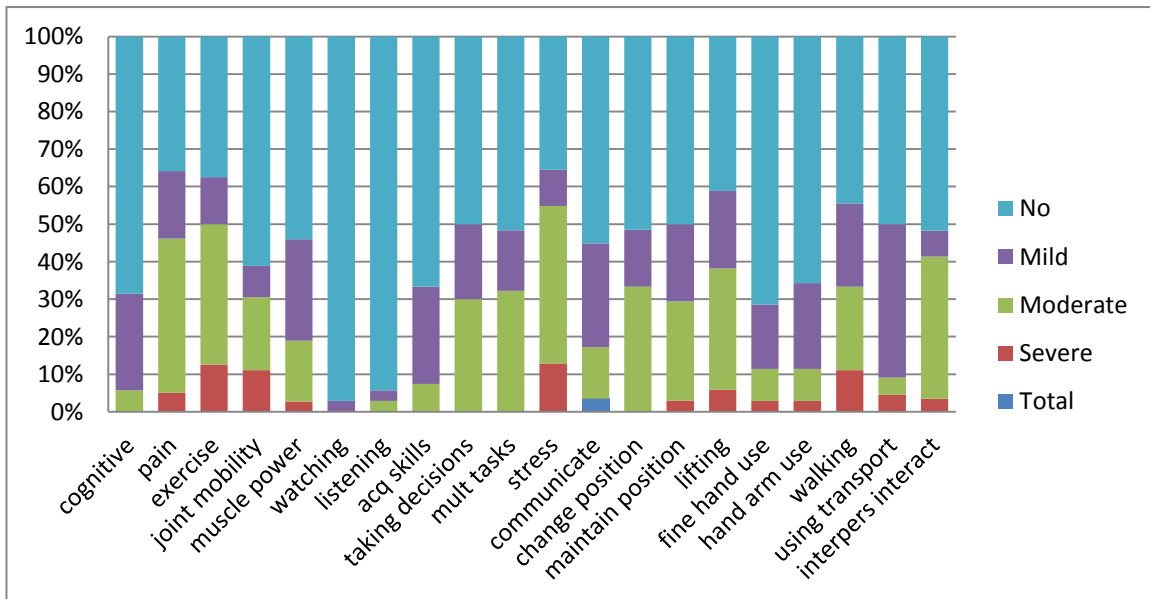


Figure 6. Score distribution of the 20 items in EUMASS core set. Social security consultants

The most marked items in the core set are stress, pain and exercise tolerance. Physical findings as walking, lifting, maintaining and changing position are also prominent. Using transport and interpersonal interaction are also marked in quite many cases.

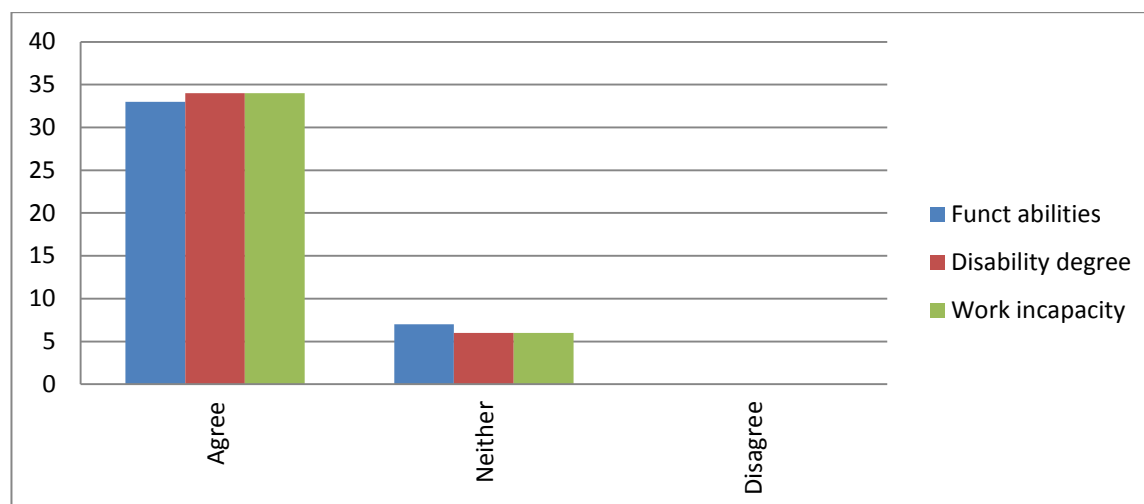


Figure 7. Are core set items sufficient? Social security consultants

The social security consultants rated the core set sufficient in most of the cases in the questions above. In no cases they found the core set not sufficient.

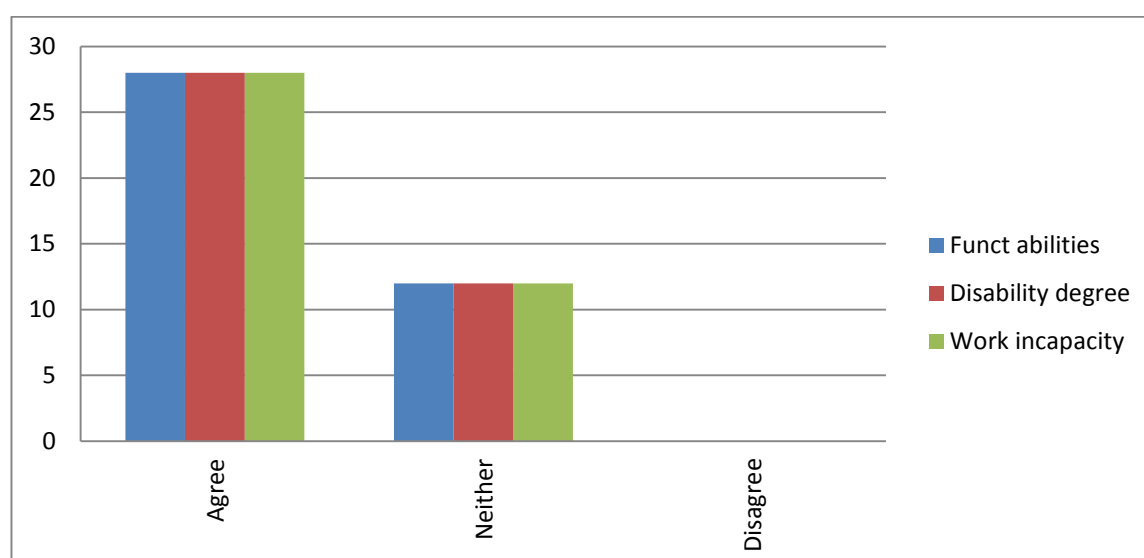


Figure 8. Are core set items useful? Social security consultants

The social security consultant thought the core set items to be useful in all cases. In no cases the core set items weren't useful

Table 8. Time used to complete EUMASS core set. Social security consultants

3-5 min	0 %
6-10 min	85 %
12-15 min	15%

The most common time used to complete the core set are 6-10 minutes.

Discussion

It is clear from the above that the rehabilitation doctors and the social security consultants were satisfied with the core set of EUMASS. They found it to be a very helpful and valuable instrument when assessing individuals that have been out of work for more than six months. This is regardless of whether this is done in medical rehabilitation or in the social security system.

Patient characteristics

Quite many had unskilled occupation in both groups, although higher number is seen from the social security doctors. The rehabilitation doctors had 10% of professionals and technicians, while the social security doctors had none. I think that this difference can in part be explained by the knowledge that came from the report of Hannesdóttir (2010). She found out that disability pensioners had in 64% of the cases elementary education compared to 36% in the nation. This difference might explain in some part the difference between those two groups. One is going through rehabilitation and the other one is claiming for disability benefit.

Missing values

The rehabilitation doctors reported no missing values while the social security doctors reported quite many times that information was missing. Part of the explanation might be because the rehabilitation doctors met the individual in person and could ask for those missing information. The social security doctors used the paper file form and therefore were not in the same situation about asking for missing parts.

Rating on functional ability

Comparing those two groups it is interesting to see how different the rating is on core set item. The rehabilitation doctors rated more often individual with complete or severe impairment/ limitation than the social security doctors. This is quite surprising to me since the social security doctors are making decisions on disability benefits and therefore the impairment should have a lot of influence on the individual daily life. One could imagine that this is because they don't find the core set valuable in use. But at the same time the Social security doctors find the core set both useful and sufficient in respect to functional abilities and disability degree. Other explanation relates to knowledge from other countries. In the Netherlands much research has been done on the content of the

work ability assessments by medical doctors because these assessments are sometimes regarded as a black box (Boer, 2004).

Reporting on satisfaction

The social security doctors rated the functional abilities better than did the Icelandic rehabilitation doctors. They found the core set sufficient to a very high degree, and helpful to almost as high degree. This is opposed to the Icelandic rehabilitation doctors who found the usefulness better than sufficiency. Compared to Norwegian data the Norwegian doctors rated the functional abilities worse than the social security doctors but similar to the rehabilitation doctors. The Norwegian doctors rated the core set more useful but less sufficient than the social security doctors (Brage, 2010).

The method used in this research was appropriate and gave a lot of ideas for future development on the Work ability assessment. In the future it would be interesting to continue this research with the social security doctors so they will get more familiar with the use of the core set. Another interesting research would be to test the whole Special assessment that contains 30 parts from the ICF system.

8.4 Social security doctors' views on EUMASS core set and PCA

Introduction

In Iceland there are four doctors working at the Social Insurance Administration. Those doctors are responsible for deciding eligibility for disability benefits. If the social security doctors need more information to fill out the PCA assessment doctors working as contractors meet up with the claimant in person and go through the PCA assessment. The final decision however is taken by the doctors at the Social Insurance Administration.

Comparing the argumentation needed for the decision in the different countries it seems difficult to grasp the exact reasoning for determining incapacity for work. Although in most countries it is specified on which aspects decisions have to be made it remains hard to understand the dividing line between the capacity and the incapacity for work. He thought that more insight into the decision-making process may be gained by focusing on the instruments that are used to make the decision and by examining the perceived influence of other factors. Therefore it is not surprising that the assessments or the processes of evaluation are often subject to criticism (OECD, 2003).

The four doctors that agreed to answer the questionnaire are the same ones that participated in the validity study of the EUMASS core set and are therefore quite familiar with it. It should however be kept in mind that the social security doctors have used PCA assessment for many years. It is a standard procedure in disability assessments in Iceland. The survey has 8 open ended questions and can be divided into two parts. The first ones are questions concerning the disability system as it is today. The second part is questions concerning the EUMASS core set (see Appendix 13).

The aim of this survey is to get a deeper understanding of the decision process when it comes to decide on disability benefit. This is done by comparing EUMASS core set and the PCA.

Method

A questionnaire was developed that contained eight open-ended questions (Appendix 13). The participants were all doctors working at the Social Security Administration that have the responsibility of deciding on disability claims. The questionnaire was handed to them in person and they were asked to write down their answers and give it back to me. They were informed that their answers would be put forth as a group.

Results

4 social security doctors completed the questionnaires.

Discussion

It is quite clear from the answers above that the system today is quite useful for the medical doctors that have the responsibilities to decide on disability benefit. One of the reasons is because the PCA is very clear in guiding the doctors in their decisions on disability benefit. At the same time the system seems to be quite clear for individuals when applying for disability benefit and pretty fair too.

On the other hand information about the individual does not always give a full picture of the circumstances and there is too much emphasis on what you are not able to do, the resources of the individual are not being looked at. I think the individual's work ability is not being assessed as the system is today, but the loss of his/her function is a very interesting point and is in fluctuation with Solli's (2007, a) opinion. He claims that a quantified measure of degree of impairment that is related to diseases or injuries cannot determine the overall disability of the individual. A specific impairment can have an impact on one individual which is so different from the impact of the same impairment

on another individual. Therefore the impairment itself cannot function as a reasonable criterion for decisions in the medical insurance system (Nordenfelt, 2008).

I also think it is very important information in this context that possibilities of VR have sometimes not been explored before a decision is made on disability benefit. One reason for this might be that today there is no systematic cooperation between the rehabilitation centers, Vocational Rehabilitation providers and the Social Security Administration that performs the disability assessment in Iceland. Other reason for this is that we have a very complex system of entry into disability benefits, where individuals have more than one door into the system. As a consequence the information and the support the individual receives is not always the same.

When looking at the EUMASS core set and its use in this context it is quite clear that more work needs to be done when assessing mental functioning. I think that one way of doing that is to go through the core set for chronic conditions and look at what factors are most common and compare it with the factors in the EUMASS core set. It is very well known that chronic illness affects us mentally. But I also think that a specialist group would be of benefit in this matter. We need to ask specialists in the mental health to give further advise. One way of doing that would be through focus group where the aim would be to get a deeper understanding of the problem and how to minimize it. An important point that may be concluded from their answers is that those doctors need to get more familiar with the EUMASS core set. One way of doing that would be by using it. That way they get more familiar with its use and the ICF system as a whole.

The limitation of this survey is that the social security doctors didn't have a lot of experience in using ICF core set and to rate with the qualifiers. In comparison they have over 10 years of experience with the PCA assessment.

Table 9. Doctors' views on EUMASS core set and PCA. Iceland 2010

Question	Yes	No	Neither/nor Or do not know	Not relevant	Comments
What do you think are the advantages and disadvantages of the current system when it comes to the evaluation method as it is today?					<p>"For medical doctors the system is quite clear because you only have to answer yes or no when deciding on disability pension and the disability is only being looked at in a connection to general work. There is no need to look at what kind of jobs the applicant has been working with in the past or what education he has"</p> <p>"You can apply for disability before rehabilitation has been tried out which is because the rehabilitation is not sufficient"</p> <p>"It is a disadvantage that the applicant is not being looked at in connection to what he can do, but what he cannot do. Therefore you are not assessing work ability but rather loss of function"</p>
Do you think the evaluation method as it is today is fair when it comes to deciding on disability? If not, what do you think could be done better?	4	0			<p>"It is pretty fair, better than it was before but there is a need to get more information about the individual"</p> <p>"Overall it is pretty fair. Although the inter-rater reliability between the contracting doctors taking the PCA is not good enough when looking at their reports, which can be unfair"</p>
As a doctor, do you think it is easy to assess disability?	3	1			<p>"Yes from the PCA point of view, but often there are more information needed to get a clear picture of the circumstances of that individual"</p> <p>"It is not always easy when the decision is different than the applicant wanted".</p> <p>"Yes from the PCA point of view compared to other systems"</p>
Did you find the EUMASS core set useful in deciding on disability?	3	0	1		<p>"It is helpful but I would need to work more with it"</p> <p>"When assessing those ten claimants I didn't think it made a lot of difference"</p>
If yes, what is good?					<p>"Systematic check on those health factors that matters"</p> <p>"Those factors that are looked upon matters"</p>
If no, what is needed?					<p>"It needs more factors when assessing mental function"</p> <p>"More attention is on physical symptoms than the mental symptoms, but the latter are one of the main cause of disability in Iceland as in other countries"</p>
Do you think the EUMASS core set is sufficient in deciding on disability benefit?	2	1	1		<p>"yes, in most of the cases"</p> <p>"I need to get to know it better"</p>
If not, what do you think is lacking?					<p>"It needs better standardization to be able to see who has the right and who hasn't when it comes to deciding disability "Concerning the mental part I think the core set is lacking information benefit"</p>

9 Discussion

In Iceland a continuum growth in disability benefit is a fact as in many other countries. Effective trends in lowering disability rate have shown that reforming work ability assessment methods is an important element where the focus should be on what the individual can do with activation measures to support individuals back to work and early intervention (OECD, 2010). It has also been concluded that disability needs to be assessed much more on an individual basis than has been the case (Nordenfelt, 2008) and a quantified measure of degree of impairment that is related to diseases or injuries cannot determine the overall disability of the individual (Solli a, 2007). A report from the Prime ministry (2007) started this work in Iceland and marked the beginning of the work ability assessment which is the main object of this thesis.

The work ability assessment is a comprehensive assessment of the individual ability to participate actively in the labor market from a physical, mental and social perspective. It is a continuous process of assessment/evaluation on the one hand and activation measures / vocational rehabilitation and treatment on the other hand. The aim of the whole assessment process is to increase the individual's work ability by exploring and trying all opportunities from a comprehensive view.

Early intervention is through the Basic assessment where a systematic gathering of information and advice, supervision and encouragement by the VR consultant is used as well as activating measures. When needed Special assessment is used in more complicated cases.

Special assessment is a detailed assessment, analysis and evaluation of possibilities in vocational rehabilitation and a return to work options done by selected external experts. The individual options are explored and evaluated in a deeper and more specialized manner than in the Basic assessment and on the result of it indicates vocational rehabilitation potential and proposes resources in concordance to that. The EUMASS core set is used in the Special assessment.

As has been explained earlier the thought by using the core set of EUMASS early in the process is a greater chance to influence those important factors through the rehabilitation

process. This is also in fluctuation with the aim of the Special assessment which is to recognize early in the process the function that is missing and needs to be worked with in the rehabilitation. Today the connection between rehabilitation and the assessment on disability is not available in Iceland today. Therefore one could say that the transparency is not available when it comes to early intervention. Still one of the biggest aim of rehabilitation is to work in a systematic manner with loss of function and adapting to new situation.

Is the Work ability assessment a helpful tool in rehabilitation and disability claims?

The work ability assessment, its method, instruments and development until today has now been explained. In the developmental phase the author was inspired by and used established methods from other countries that have been shown to be useful in those countries like the work ability method in Denmark, the SASSAM in Sweden and the Egenvurdering in Norway. The author developed those instruments by the use of consensus that should guarantee a minimum of usefulness. Part of this consensus has been done in cooperation with international experts and international developmental project like the validating study of the EUMASS core set. Experts in Iceland agree that these instruments should be useful.

The author has tested some of these instruments and method in the research part and they seem to indicate that these methods and instruments are useful. Medical doctors and clients have been asked (in interviews and surveys) in this study, and they seem to agree that these methods are useful. All these taken together indicate that this could be a useful method. It needs however to be tested further in the future, and be revised if certain aspects of the method seem not to work.

So the answer to the question that is put forth in the beginning of the thesis; Is the Work ability assessment a helpful tool in rehabilitation and disability claims? is yes. It serves the purpose both as an instrument and as a mehtod and are in accordance with the most modern definitions and understanding of work ability. The instruments work in a systematic way on motivating and activating the individual by pointing out what the individual can do and at the same time with minimizing function loss and increasing adaption by early intervention through vocational rehabilitation. The method itself is a continous process of information gathering in a structured way where the aim of the whole assessment process is to increase the individual's work ability by exploring and trying all opportunities from a comprehensive view. The information that are gathered in this process are a value when it comes to the decision on disability benefit.

The development of the method was done in accordance with the most modern definitions and understanding of work ability (Nordenfelt and Solli). It is interesting to look more closely at the definition on work ability proposed by Nordenfelt in 2008 (on page 15) and was put forward in the beginning of this thesis. Can this definition be linked to the Work ability assessment?

The key elements in this definition are **abilities, environment, opportunities and goals**.

Ability cannot be described without knowledge of the individual wishes and goals in life. In Basic assessment the individual is in the foreground, his voice is heard and involved in the description and evaluation. The VR consultant uses empowerment to motivate the individual and gets increased understanding and insight into his ability and the opportunities this affords. The Basic assessment is also intended to motivate and develop the individual's effectiveness in response to productive communication with the consultant. The Basic assessment is therefore individualized assessment and the information gathered from the individual is necessary. The aim of the work ability assessment as a whole is in conjunction with the statement that an individual's participation restriction (or activity limitation) cannot be understood, without reference to the individual own view of his situation and own goals. Therefore it is not possible to make a description or assessment of the individual disability unless his voice is heard and involved in the description and evaluation (Solli a, 2007).

Environment is taken into account in the Work ability assessment, both by the use of the theoretical background of the ICF and in the instruments themselves. The Basic assessment as a whole is intended to support acquisition of information about the individual's overall circumstances where the environmental factors are one of them. The procedure and information gathered in the Special assessment are taking this part into account in the report form and the delivery meetings.

In the Basic assessment some questions in the ICF tables come straight from the environmental factors of the ICF. The information that is gathered in the Folder of opportunities look at the environment of the individual and takes it into account when working through the resources and barriers.

Opportunities of the individual both in connection to the labor market and in vocational rehabilitation are the biggest aim of the work ability assessment. The work ability assessment is a continuous process of assessment/evaluation on the one hand and

activation measures / vocational rehabilitation and treatment on the other hand. Basic assessment is intended to lighten up the opportunities in connection to the labor market. If however the situation of the individual is complex and Special assessment is needed, the conclusion of it gives idea of what kind of vocational rehabilitation opportunities are for that individual.

Goals and goals setting are important factor in the Work ability assessment. After the information gathering the goals are set from the resources and barriers in each chapter of the Folder of opportunities with the individual. Proposals to goals and objectives and what kind of resources is needed in the short term and in the long term are the main outcome of the Special assessment and worked further with the individual on a delivery meeting.

10 Conclusion

The Work ability assessment, its method, instruments and development until today has now been explained. In the developmental phase I was inspired by and used established methods from other countries that have been shown to be useful in those countries like the Work ability method in Denmark, the SASSAM in Sweden, the Egenvurdering in Norway and the Norwegian Scheme for the Assessment of Function. I also developed the instruments in the Work ability assessment by the use of consensus that should guarantee a minimum of usefulness. Part of this consensus has been done in cooperation with international experts and international developmental project like the validating study of the EUMASS core set. Experts in Iceland agree that these instruments should be useful. I have tested some of these instruments and method in the research part and they seem to indicate that these methods and instruments are useful. I have asked (in interviews and surveys) medical doctors and the clients in my study, and they seem to agree that these methods are useful. All these taken indicate that this could be a useful method. The development of the method was also done in accordance with the most modern definitions and understanding of work ability

Therefore I conclude that the Work ability assessment is a helpful tool in vocational rehabilitation and disability claims. It serves the purpose both as an instrument and as a method and are in accordance with the most modern definitions and understanding of work ability. The instruments work in a systematic way on motivating and activating the individual by pointing out what the individual can do and at the same time with minimizing function loss and increasing adaption by early intervention through vocational rehabilitation. The method itself is a continuous process of information gathering in a structured way where the aim of the whole assessment process is to increase the individual's work ability by exploring and trying all opportunities from a comprehensive view. The information that are gathered in this process are a value when it comes to the decision on what options are in hand in vocational rehabilitation and on the decision on eligibility of disability benefit.

The Work ability assessment needs to be tested further in the future, and be revised if certain aspects of the method seem not to work.

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APPENDIX 1. Basic information. Instrument in the basic assessment

Basic information



Name:	
State ID number:	
Address:	
Tel.:	
E-mail:	
Date:	
Counsellor:	
Union/pension fund:	

1. What is your position on the labor market? I am:

<input type="checkbox"/>	Working with pay	Work percentage? _____
<input type="checkbox"/>	On sick leave but with employment contact	
<input type="checkbox"/>	On sick leave from employer	
<input type="checkbox"/>	Student	
<input type="checkbox"/>	Self-employed	
<input type="checkbox"/>	Working at home	
<input type="checkbox"/>	Unemployed (for health reasons)	
<input type="checkbox"/>	Unemployed (for other reasons)	
<input type="checkbox"/>	Working without pay (volunteer work, charitable work)	
<input type="checkbox"/>	Pensioner	
<input type="checkbox"/>	Other? _____	

2. What is your present job or last paid work?

--

3. Who is your present employer or last employer?

--

4. What is the source of your present support?

<input type="checkbox"/>	Pay from employer
<input type="checkbox"/>	Municipal financial assistance
<input type="checkbox"/>	Student loan
<input type="checkbox"/>	Pension
<input type="checkbox"/>	Disability pension
<input type="checkbox"/>	Disability support
<input type="checkbox"/>	Rehabilitation support
<input type="checkbox"/>	Unemployment compensation
<input type="checkbox"/>	Sickness/sickness per diem paid by insurance
<input type="checkbox"/>	Sickness per diem paid by labor union(s)
<input type="checkbox"/>	Compensation from insurance
<input type="checkbox"/>	Other? _____

5. If disability payments, from?

Insurance	<input type="checkbox"/>	Pension funds	<input type="checkbox"/>
If disability pension from pension fund, what fund(s)?			

6. Nationality?

Icelandic	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	If foreign, from
what country?				
How long have you lived in Iceland? _____				

7. What is your present marital status?

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	With partner	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
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8. How many children do you have?

None ☐ One ☐ Two ☐ Three or more ☐

9. How many children are you supporting?

None ☐ One ☐ Two ☐ Three or more ☐

Dates of birth? _____

10. What are your living arrangements?

Live alone ☐ Live with spouse ☐ Live with children ☐ Live in another's residence ☐
☐ Live with others ☐

11. I live in:

My own home

Rental housing

Rented room

Live with my parents

Live with relatives, friends or caretakers

Without housing

Union rental flat/apartment

Union rental housing

Student dormitory/at home

In an institution

Other? _____

12. What course of study have you completed?

- ☐ Compulsory schooling or less
- ☐ Some advanced study/secondary school How many credits? _____
- ☐ National coordinated/matriculation examination
- ☐ Technical apprenticeship or vocational training What course? _____
- ☐ University, what field?
- ☐ Course for certification (in a field)
- ☐ Other? _____

13. Do you receive external assistance (support services)? Do you get:

<input type="checkbox"/>	Home help	
<input type="checkbox"/>	Home nursing	
<input type="checkbox"/>	Day care	
<input type="checkbox"/>	Transportation assistance	
<input type="checkbox"/>	Assistance	
<input type="checkbox"/>	Other assistance/services?	Which: _____
<input type="checkbox"/>	I don't receive external assistance	

14. What factors do you think make it impossible for you to work or to return to work?

--

15. Are you in regular contact with a doctor /therapist/supporter?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

16. If yes, what type and how often?

--

Summary:

APPENDIX 2. Screening. Instrument in the basic assessment

Screening



Name:	
State ID no.:	
Address:	
Tel.:	
E-mail:	
Date:	
Counsellor:	
Union/pension fund:	

1. When did you start having difficulty in carrying out your work?

Date: _____

2. Based on your condition today, when do you expect to be able to work the same percentage as before or recover your health?

Date: _____ or after how many weeks _____ or months _____ Don't know ☐

Not applicable _____

3. Have you contacted your place of work/superior during your illness/absence from work?

Yes ☐ No ☐ Not applicable ☐

4. If yes, how often?

5. Have you discussed your illness/difficulty with your superior?

Yes ☐ No ☐ Not applicable ☐

6. Has anything been done at the workplace during your illness/difficulty to help you to continue to hold down your present job or to adapt your work for your workplace/return to work?

Yes ☐ No ☐ Not applicable ☐

7. If yes, what?

8. If no, would it have been possible to do something? What?

9. Do you think that your present employer will continue to make use of your work ability?

Yes ☐ No ☐ Don't know ☐ Not applicable ☐

10. Is your present difficulty/inability to work because of:

Accident ☐ Illness ☐ Other setback ☐ Other ☐

11. If accident, what kind

Work ☐ Traffic ☐ Leisure accident ☐ Accident at home ☐ Other ☐

12. If illness, what kind?

13. Do you feel that you need more support/assistance?

Yes ☐

No ☐

Don't know ☐

14. If yes, what kind of assistance could you use?

15. Do you feel you get enough exercise?

Yes ☐

No ☐

Don't know ☐

How often during the week do you exercise for at least 30 minutes at a time? ____ times

How? Walk ☐

Swim ☐

Golf ☐

Cycle ☐

Group sport ☐

Exercise ☐

machines Other

16. Does physical pain make it hard for you now or has it before at work/or to carry out daily tasks?

Yes, very hard ☐

Yes, considerably ☐

Yes, somewhat ☐

No, only a little ☐

Not at all

17. Do you/did you find your work physically demanding?

Yes ☐

No ☐

18. If yes, in what way

☐

Very sedentary

☐

Standing for a long time

☐

Changing position

☐

Lot of walking

☐

Having to kneel or bend over

☐

Having to work with arms straight forward or up

☐

Having to lift heavy objects

☐

Having to make precise hand movement

☐

Having to make the same movements often per minute

☐

Having to maintain the same work position for a long time

☐

Found it physically difficult

☐

Other? _____

19. Do you/ did you find your work emotionally demanding?

Yes ☐

No ☐

20. If yes, what was difficult about the work?

<input type="checkbox"/>	Keep paying attention and concentrating
<input type="checkbox"/>	Controlling my emotions
<input type="checkbox"/>	Having to memorize things
<input type="checkbox"/>	Adapting to changes
<input type="checkbox"/>	Having to work with others on a project
<input type="checkbox"/>	Having to be in direct contact with clients, customers or students
<input type="checkbox"/>	Work load too heavy
<input type="checkbox"/>	Too many projects
<input type="checkbox"/>	Other? _____

21. Does/did emotional stress influence your work ability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	------------	--------------------------

22. Has/had sadness or anxiety had an influence on your work ability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	------------	--------------------------

23. Has your illness had an influence on your financial position?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	----------------	--------------------------

24. Do your finances need reviewing?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	----------------	--------------------------

25. Do think that continuing education would help to strengthen your position at work/in the job market?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

26. If yes, in what area do you want to build up your ability?

--

27. Have you experienced some kind of difficulty in your studies?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

28. If yes, what kind of difficulties?

--

29. How would you describe your health as a whole?

Very good ☐ Good ☐ Okay ☐ Poor ☐ Very poor ☐

30. Have you survived a serious head injury that caused unconsciousness or other temporary nervous system symptoms such as paralysis, considerable loss of memory or confusion, immediately after the blow?

Yes ☐ No ☐

31. Do you struggle with sleep problems?

Yes ☐ No ☐

If yes, how often? ____ times a week or ____ times a month

32. If yes, do your sleep problems affect your daily work?

Yes ☐ No ☐ Sometimes ☐

33. Are you worried that your illness will worsen if you go (back) to work?

Yes ☐ No ☐ Don't know ☐ Not applicable ☐

APPENDIX 3. Assessment of possibilities. Instrument in the basic assessment

Assessment of possibilities

How can I reach my goal of increased work competence and ability?

- *What do I have to do myself to increase my work competence?*

- *What factors do I need assistance with in order to increase my work competence?*

- *What needs to be changed in my present work or my next job so that I can handle it?*

- *What are important abilities for me at this point?*

Conclusion

- ☐ I can begin a job or other activity immediately
- ☐ I can begin a job or other activity in the next 1-3 months
- ☐ I think I can begin work in the next 6 months

APPENDIX 4. Activity program. Instrument in the basic assessment

Activity program

1. Objective
<hr/>
<i>o Short-term objective</i>
<hr/>
<hr/>
<i>o Long-term objective</i>
<hr/>
<hr/>
2. Activity program progress
<i>o Appraisal (how, when)</i>
<hr/>
<hr/>
3. Follow-up
<i>o (How, when, where)</i>
<hr/>
4. Conclusion
<hr/>
<hr/>
<hr/>

APPENDIX 5. Folder of opportunities. Instrument in the basic assessment

Folder of Opportunities

-Basic assessment-



Name

State ID no.

Address

Date

Counsellor

Introduction

- What knowledge do I have?
- How can I use my knowledge and experience in the most effective way?

When can I go back to work or return to my former work ability?

Everyone has knowledge and ability that, for some reason, is not always immediately obvious, whether to ourselves or to work colleagues or employers. A person's full ability includes all the knowledge and experience acquired, as an individual, whether in paid or volunteer work, in basic or continuing education, as well as through hobbies and interests. The Folder of Opportunities is used to assemble information on an individual's circumstances from different points of view so that it is possible to draw a picture of her or his ability and assess work qualifications in the context of the labor market. This involves tools that are used to map a person's ability and to increase insight into one's own ability and the opportunities this makes possible.

The basic assessment is intended to support:

- Acquisition of information overall about the individual's circumstances
- Increased understanding and insight into one's own ability and the opportunities this affords
- Motivation and development of the individual's effectiveness in response to productive communication with the consultant.

The basic assessment includes the following factors:

1 Attitude toward and connection with the labour market	Error! Bookmark not defined.
2 Desire to acquire new knowledge and abilities	Error! Bookmark not defined.
3 Interests	Error! Bookmark not defined.
4 Social skills – personal competence.....	Error! Bookmark not defined.
5 Social and financial conditions	Error! Bookmark not defined.
6 Health.....	Error! Bookmark not defined.

1 Attitude toward and connection with the labor market

What position do you think you have on the labor market?

Take into account the following information:

- 1. What are your strengths and weaknesses, including your position in the market place
- 2. What you think is the most interesting job and what makes it so interesting
- 3. Relations with superiors
- 4. How many places have you worked at during the last 5 years
- 5. What parts of your present/last job could you still do
- 6. What can't you do
- 7. What do you do well at work/or would rather do
- 9. Hopes/expectations for success in a job
- 10. What do you want to do in the future? Can you connect this with a specific job
- 11. What is your dream job? How can you attain it?

Consider carefully: Worksheet no. 1, in “Advice on improving health in the workplace”

Table 1. *Attitude toward and connection with the labor market*

Has your health or condition had any effect on the following factors?					
	None	A little	Some	A lot	A great deal
Looking for a job					
Getting to work on time?					
Work on a job-related project?					
Provide guidance at work?					
Accept guidance at work?					
See to necessary work tasks in a group?					
See to necessary tasks at work alone?					

Strengths

Weaknesses

2 Desire to acquire new knowledge and abilities

How well have you done in learning something new?

Take into account the following:

- 1. What was interesting in a course and/or participation in specific courses and projects
- 2. How well do you/have you done acquiring new information or a new skill
- 3. What do you find easy to learn in school/at work and what difficult
- 4. Self-education is also education and there is a great deal possible to learn informally, e.g. with a computer or a language
- 5. Hopes connected with studies to attain a specific work ability
- 6. Hopes for the future concerning work/education

Consider carefully: Worksheet no. 2a and 2b, menntagatt.is, menntamalaraduneyti.is, starfsmennt.is, starfsafl.is, namstaekni.is, endurmenntun.is

Table 2. *Acquiring new knowledge and abilities*

Has your health or condition had any effect on the following factors?					
	None	A little	Some	A lot	A great deal
Paying attention?					
Shifting attention from one thing to another?					
Sharing attention with others and considering others?					
Dividing attention or dealing with more than one thing at the same time?					
Concentration and exactness?					
Meeting regularly?					
Learning course work/new things?					
Working with others?					
Accepting guidance?					
Organizing yourself?					
Learning and completing projects?					

3. Interest

What are your interests – now and earlier

Take into account the following:

- 1. What do you do in your free time
- 2. Are you pursuing your interests
- 3. An interest that is still just an idea
- 4. Do you see the possibility of working or educating yourself in a field that is connected with your interests in some way

Consider carefully: time management at work and in private life, information on the course , booklets from ÍTR and ÍSÍ, Útivist, Ferðafélag Íslands, Hlutverkasetur

Table 3. *Interests*

Has your health or your condition had any effect on the following factors?					
	None	A little	Some	A lot	A great deal
Taking part in any type of game, recreational or leisure activity ?					
Attending amusements, art exhibits, museums, theatre or cinema?					
Reading for fun?					
Travelling for fun?					

What interests do you pursue today?

If you don't pursue any interests today, why not?

What would be necessary for you to pursue your interests?

Strengths

Weaknesses

4 Social skills – personal competence

Describe your social skills, including interpersonal relations and adaptability

Take into account the following:

- 1. Main personal characteristics, e.g. temperament, attitudes
- 2. What is easy and what difficult in your relations with others, e.g. work colleagues
- 3. How do you go about adjusting to new conditions, at work and elsewhere
- 4. How well do you take on a new project at work
- 5. How do you come across at work
- 6. How do you think your colleagues see you
- 7. Can you remember changes in your work environment that were easy and/or difficult to adjust to. How did you cope with these changes

Consider carefully: harassment at the workplace (work inspection), hyperactivity, course at Mímir, course in building self-confidence, ADHD association

Table 4. *Social skills – personal competence*

Has your health or condition had any effect on the following factors?					
	None	A little	Some	A lot	A great deal
Persevering with something?					
Reaching your goals?					
Interest incentives (what you usually want to do)?					
Appetite and desires?					
Showing appropriate sentiments?					
Controlling your emotions?					
Showing consideration?					
Showing respect?					
Showing tolerance?					
Reacting to the feelings of others?					
Keeping up interpersonal relations?					
Reacting to criticism?					

Strengths

Weaknesses

5 Social and financial conditions

Describe our family's circumstances and connections

Take into account the following:

- 1. Size and make-up of your immediate family
- 2. Health, position of any children
- 3. Relations with your family, friends and colleagues
- 4. Describe your social network? Do you have family and friends that support you when there is a problem
- 5. Who urges you to continue and supports you to keep up your work or to return to work
- 6. What other bonds of friendship are there in the family?

Financial status

Take into account the following:

- 1. Housing
- 2. Assessment of your own financial situation
- 3. How do you foresee your financial situation
- 4. Should you review your finances
- 5. Influence of illness and/or social standing on your finances

Table 5. *Social and financial conditions*

Has your health or condition had any influence on the following factors?					
	None	A little	Some	A lot	A great deal
Connections with your closest relatives?					
Keeping up contacts with others (relatives/fellow workers and friends)?					
Support from your closest relatives?					
Developing new contacts?					
Managing your own income (personal income or public support)?					
Ensuring your financial safety?					
Factors influencing your standard of living?					

Strengths

Weaknesses

6. Health

Describe your emotional and physical condition

Consider the following information:

- 1. Your health experience from the point of view of your condition
- 2. What health-related factors are keeping you from working or from returning to work
- 3. Seeing to daily needs and work
- 4. Life style: Diet, exercise, use of tobacco, alcohol or other intoxicant
- 5. What chances to do you see for improving your health?
- 6. Need for support services
- 7. Do you keep in contact with a doctor and/or other health care party

Consider carefully: the incentive booklets „Ráðleggingar um hreyfingu“, „Hættu fyrir lífið“, „Bókin um bakið“, „Ráðleggingar um mataræði og næringarefni“, „Tekið í taumana“, „Þunglyndi“

Table 6. *Health*

Has your health or condition had any effect on the following factors?					
	None	A little	Some	A lot	A great deal
Physical well-being?					
Emotional well-being?					
Maintaining your health?					
Eating a varied diet?					
Controlling your eating?					
Use of tobacco?					
Use of alcohol, drugs or medicines?					
Getting regular exercise?					
Avoiding health dangers?					
Sleeping?					
Getting uninterrupted sleep?					
Waking refreshed?					
Relations with public health personnel?					

Strengths

Weaknesses

APPENDIX 6. Report from for the Special assessment. Instrument in the Special assessment

Report form- Special assessment

Name	Soc.sec.nr
Address	Examination date
Tel. number	

Expert name and signature

Medical history

Social history

Employment history

What health factors does the individual think are restraining him in getting back to work?

- 1.
- 2.
- 3.

What targets does the individual have for a job?

Typical day

Describe a typical day for the individual in respect to functional impairment in daily living

Behavior in the interview**Inspection**

APPENDIX 7. Assessment of ICF functions. Instrument in the Special assessment

ICF code	Assessment factor	Assessor										
	Energy and drive functions											
b130	<p>General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner. functions of energy level, motivation, appetite, craving (including craving for substances that can be abused), and impulse control</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <thead> <tr> <th>No</th><th>Mild</th><th>Moderate</th><th>Severe</th><th>Complete</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
No	Mild	Moderate	Severe	Complete								
	Sleep functions											
b134	<p>General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes. Functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <thead> <tr> <th>No</th><th>Mild</th><th>Moderate</th><th>Severe</th><th>Complete</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
No	Mild	Moderate	Severe	Complete								
	Attention functions											
b140	<p>Specific mental functions of focusing on an external stimulus or internal experience for the required period of time. Functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <thead> <tr> <th>No</th><th>Mild</th><th>Moderate</th><th>Severe</th><th>Complete</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
No	Mild	Moderate	Severe	Complete								

b152	Emotional functions										
	<p>Specific mental functions related to the feeling and affective components of the processes of the mind. Functions of appropriateness of emotion, regulation and range of emotion; affect; sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; liability of emotion; flattening of affect</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
b164	➡ Higher-level cognitive functions										
	<p>Specific mental functions especially dependent on the frontal lobes of the brain, including goal-directed behaviours such as decision-making, abstract thinking, planning and carrying out mental flexibility, and deciding which behaviours are appropriate under what circumstances; called executive functions. Functions of abstraction and organization of ideas; time management insight and judgement; concept formation, categorization and cognitive flexibility</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
b280	➡ Sensation of pain										
	<p>Sensation of unpleasant feeling indicating potential or actual damage to some body structure. Sensations of generalized or localized pain in one or more body part, pain in a dermatome, stabbing pain, burning pain, dull pain, aching pain; impairments such as myalgia, analgesia, hyperalgesia</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							

b455	<p>➡ Exercise tolerance functions</p>											
	<p>Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion. Functions of physical endurance, aerobic capacity, stamina and fatiguability</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
b710	<p>➡ Mobility of joint functions</p>											
	<p>Functions of the range and ease of movement of a joint. Functions of mobility of single or several joints, vertebral, shoulder, elbow, wrist, hip, knee, ankle, small joints of hands and feet; mobility of joints generalized; impairments such as in hypermobility of joints, frozen joints, frozen shoulder, arthritis</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
b730	<p>➡ Muscle power functions</p>											
	<p>Functions related to the force generated by the contraction of a muscle or muscle groups. functions associated with the power of specific muscles and muscle groups, muscles of one limb, one side of the body, the lower half of the body, all limbs, the trunk and the body as a whole; impairments such as weakness of small muscles in feet and hands, muscle paresis, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia and akinetic mutism</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							

d110	<p>➡ Watching</p>										
	<p>Using the sense of seeing intentionally to experience visual stimuli, such as watching a sporting event or children playing.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d115	<p>➡ Listening</p>										
	<p>Using the sense of hearing intentionally to experience auditory stimuli, such as listening to a radio, music or a lecture.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d155	<p>➡ Acquiring skills</p>										
	<p>Developing basic and complex competencies in integrated sets of actions or tasks so as to initiate and follow through with the acquisition of a skill, such as manipulating tools or playing games like chess.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d177	<p>➡ Making decisions</p>										
	<p>Making a choice among options, implementing the choice, and evaluating the effects of the choice, such as selecting and purchasing a specific item, or deciding to undertake and undertaking one task from among several tasks that need to be done</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							

d220	<p>➡ Undertaking multiple tasks</p> <p>Carrying out simple or complex and coordinated actions as components of multiple, integrated and complex tasks in sequence or simultaneously.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p>										
	<table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d240	<p>➡ Handling stress and other psychological demands</p> <p>Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as driving a vehicle during heavy traffic or taking care of many children.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p>										
	<table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d399	<p>➡ Communication, unspecified</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p>										
	<p>Justification: _____</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							

	<p>➡ Changing basic body position</p>										
	<p>Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. <i>changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</i></p> <p>d410 Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
	<p>➡ Maintaining a body position</p>										
	<p>Staying in the same body position as required, such as remaining seated or remaining standing for work or school. <i>Maintaining a lying, squatting, kneeling, sitting and standing position</i></p> <p>d415 Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
	<p>➡ Lifting and carrying objects</p>										
	<p>Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another. <i>lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</i></p> <p>d430 Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							

d440	<p>➡ Fine hand use</p> <p>Performing the coordinated actions of handling objects, picking up, manipulating and releasing them using one's hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob. <i>picking up, grasping, manipulating and releasing</i></p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
d445	<p>➡ Hand and arm use</p> <p>performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object. <i>Pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching</i></p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
d450	<p>➡ Walking</p> <p>Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards, or sideways.</p> <p><i>Walking short or long distances; walking on different surfaces; walking around obstacles</i></p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							

d470	<p>➡ Using transportation</p> <p>Using transportation to move around as a passenger, such as being driven in a car or on a bus, rickshaw, jitney, animal-powered vehicle, or private or public taxi, bus, train, tram, subway, boat or aircraft. <i>Using human-powered transportation; using private motorized or public transportation</i></p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
d570	<p>Looking after one's health</p> <p>Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, including using condoms, getting immunizations and regular physical examinations.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification:: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							
d720	<p>➡ Complex interpersonal interactions</p> <p>Maintaining and managing interactions with other people, in a contextually and socially appropriate manner, such as by regulating emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions, and acting in accordance with social rules and conventions.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete						
	No	Mild	Moderate	Severe	Complete							

d760	Family relationships										
	<p>Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins, or legal guardians.. Parent-child and child-parent relationships, sibling and extended family relationships</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1" data-bbox="456 510 1098 600"> <tr> <td>o</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	o	Mild	Moderate	Severe	Complete					
o	Mild	Moderate	Severe	Complete							
d820	School education										
	<p>Gaining admission to school, engaging in all school-related responsibilities and privileges, and learning the course material, subjects and other curriculum requirements in a primary or secondary education programme, including attending school regularly, working cooperatively with other students, taking direction from teachers, organizing, studying and completing assigned tasks and projects, and advancing to other stages of education.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1" data-bbox="456 1014 1098 1104"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d850	Remunerative employment										
	<p>Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <p>Justification: _____</p> <table border="1" data-bbox="456 1473 1098 1563"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							
d870	Economic self-sufficiency										
	<p>Having command over economic resources, from private or public sources, in order to ensure economic security for present and future needs. <i>Personal economic resources and public economic entitlements</i></p> <p>Is there a capacity reduction or participation barrier in respect to work?</p> <table border="1" data-bbox="456 1865 1098 1955"> <tr> <td>No</td> <td>Mild</td> <td>Moderate</td> <td>Severe</td> <td>Complete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Justification: _____</p>	No	Mild	Moderate	Severe	Complete					
No	Mild	Moderate	Severe	Complete							

d920	Recreation and leisure													
	Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure. Play, sports, arts and culture, crafts, hobbies and socializing													
	Is there a capacity reduction or participation barrier in respect to work?													
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;">Mild</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">Severe</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						No	Mild	Moderate	Severe	Complete			
No	Mild	Moderate	Severe	Complete										
Justification: _____														

APPENDIX 8. Conclusion of findings in the special assessment. Instrument in Special assessment

Conclusion – Special assessment

Summary

Resources with respect to the labor market

Barriers with respect to the labor market

Proposals of objectives in the short term and in the long term

Advice on graded return to work in regard to individual health status

APPENDIX 9. Report of the Special assessment. Instrument in Special assessment

Special assessment

-Report-

Conclusion of the physician:

Conclusion of the psychologist:

Conclusion of the physical therapist:

Conclusion of the occupational therapist:

Proposals of goals and objectives and what kind of resources is needed in the short term

1.
2.
3.
4.
5.
6.

Proposals to goals and objectives and what kind of resources is needed in the long term

1.
2.
3.
4.
5.
6.

Plan on return to work

--

APPENDIX 10. Baseline Form in the validation study of the core set of EUMASS

Dear colleague,

In a multi-centre study directed by EUMASS, we want to establish the validity of a preliminary core set for medical disability that has been developed by the EUMASS working group on ICF. The core set consists of 20 categories from the International Classification of Functioning, Disability and Health (ICF) that always should be considered when the medical doctor (the medical consultant) is evaluating a claim for long term incapacity for work (more than 6 months).

Depending on whether you meet the claimant in person, or only go through the paper files, you are asked to use one of the attached forms for evaluation of the claims.

Please contact your representative, if you have any question.

For our statistical and analytic procedures, we ask you to answer the questions below, and return them with the forms you have completed:

Country:.....

Gender:.....

Age:.....

Year of graduation from medical school:.....

Years of experience as medical consultant (or equivalent):.....

Field of specialization:.....

APPENDIX 11. Core set validity form - In-person version

This form is used when the participating doctor **meets the claimant in person**

Below, we have listed 20 categories that should be considered when the medical doctor evaluates a claim for long term incapacity for work. During your evaluation of the claimant, we want you to mark for each category the degree of impairment (for category 1-5) or the degree of activity limitation (for category 6-20) that he/she has, when he/she is using the usual supportive aids, such as hearing aids, glasses, or walking sticks. If necessary, use the ICF definition for all categories.

For the grading of answers use the following system:

No impairment/limitation means the person has no problem

Mild impairment/limitation means a problem that is with an intensity a person can tolerate.

Moderate impairment/limitation means that a problem that is present with an intensity which is interfering in the person's day to day life.

Severe impairment/limitation means that a problem that is present with an intensity, which is partially disrupting the persons day to day life.

Complete impairment/limitation means that a problem that is present with an intensity, which is totally disrupting the persons day to day life.

Data on the claimant:

Age.....

Gender.....

Main medical diagnosis underlying the claim.....

Other major health conditions affecting work ability.....

.....

For how many months has the claimant been off work.....months

Professional category before leaving work (ISCO-88 categories):

- ☐ Legislators, senior officials, and managers
- ☐ Professionals
- ☐ Technicians and associate professionals
- ☐ Clerks
- ☐ Service workers and shop and market sales workers
- ☐ Skilled agricultural and fishery workers
- ☐ Crafts and related trade workers
- ☐ Plant and machine operators and assemblers
- ☐ Elementary occupations
- ☐ Armed forces

Code	Function	Extent of impairment/activity limitation					Not relevant
		No	Mild	Moderate	Severe	Complete	
b164	Higher-level cognitive functions						
b280	Sensation of pain						
b455	Exercise tolerance functions						
b710	Mobility of joint functions						
b730	Muscle power functions						
d110	Watching						
d115	Listening						
d155	Acquiring skills						
d177	Making decisions						
d220	Undertaking multiple tasks						
d240	Handling stress and other psychological demands						
d399	Communication, unspecified						
d410	Changing basic body position						
d415	Maintaining a body position						
d430	Lifting and carrying objects						
d440	Fine hand use						
d445	Hand and arm use						
d450	Walking						
d470	Using transportation						
d720	Complex interpersonal interactions						

Did you miss any category (or categories) in this particular case:

1

2

3

Other comments to the list

You have just used a preliminary core set in the evaluation of the claimant. Please answer the following questions about the core set in relation to this particular case

	I totally agree	I partly agree	Neither agree nor disagree	I partly disagree	I totally disagree
I found the core set sufficient to assess the claimant's functional abilities					
I found the core set sufficient to assess the degree of disability					
I found the core set sufficient to assess the work incapacity of the claimant					
I found the core set useful in assessing the claimant's functional abilities					
I found the core set useful in assessing the degree of disability					
I found the core set useful in assessing the work incapacity of the claimant					

How much extra time (in addition to your usual handling of the case)

did you use to evaluate the 20 categories in the core set?minutes

Did you have to consult additional sources to be able to use the core set?

Yes, I had to use.....

No

APPENDIX 12. Core set validity form - Paper files version

This form is used when the participating doctor **only read paper files of the claim**

Below, we have listed 20 categories that should be considered when the medical doctor evaluates a claim for long term incapacity for work. During your evaluation of the claimant, we want you to mark for each category the degree of impairment (for category 1-5) or the degree of activity limitation (for category 6-20) that he/she has, when he/she is using the usual supportive aids, such as hearing aids, glasses, or walking sticks. If necessary, use the ICF definition for all categories. If information is lacking, please make a note in the last column.

For the grading of answers use the following system:

No impairment/limitation means the person has no problem

Mild impairment/limitation means a problem that is with an intensity a person can tolerate.

Moderate impairment/limitation means that a problem that is present with an intensity which is interfering in the person's day to day life.

Severe impairment/limitation means that a problem that is present with an intensity, which is partially disrupting the persons day to day life.

Complete impairment/limitation means that a problem that is present with an intensity, which is totally disrupting the persons day to day life.

Data on the claimant:

Age.....

Gender.....

Main medical diagnosis underlying the claim.....

Other major health conditions affecting work ability.....

.....

For how many months has the claimant been off work.....months

Professional category before leaving work (ISCO-88 categories):

- ☐ Legislators, senior officials, and managers
- ☐ Professionals
- ☐ Technicians and associate professionals
- ☐ Clerks
- ☐ Service workers and shop and market sales workers
- ☐ Skilled agricultural and fishery workers
- ☐ Crafts and related trade workers
- ☐ Plant and machine operators and assemblers
- ☐ Elementary occupations
- ☐ Armed force

Code	Function	Extent of impairment/activity limitation					Information lacking
		No	Mild	Moderate	Severe	Complete	
b164	Higher-level cognitive functions						
b280	Sensation of pain						
b455	Exercise tolerance functions						
b710	Mobility of joint functions						
b730	Muscle power functions						
d110	Watching						
d115	Listening						
d155	Acquiring skills						
d177	Making decisions						
d220	Undertaking multiple tasks						
d240	Handling stress and other psychological demands						
d399	Communication, unspecified						
d410	Changing basic body position						
d415	Maintaining a body position						
d430	Lifting and carrying objects						
d440	Fine hand use						
d445	Hand and arm use						
d450	Walking						
d470	Using transportation						
d720	Complex interpersonal interactions						

Did you miss any category (or categories) in this particular case:

1.....

2.....

3.....

Other comments to the list.....

.....

You have just used a preliminary core set in the evaluation of the claimant. Please answer the following questions about the core set in relation to this particular

	I totally agree	I partly agree	Neither agree nor disagree	I partly disagree	I totally disagree
I found the core set sufficient to assess the claimant's functional abilities					
I found the core set sufficient to assess the degree of disability					
I found the core set sufficient to assess the work incapacity of the claimant					
I found the core set useful in assessing the claimant's functional abilities					
I found the core set useful in assessing the degree of disability					
I found the core set useful in assessing the work incapacity of the claimant					

How much extra time (in addition to your usual handling of the case)

did you use to evaluate the 20 categories in the core set??minutes

Did you have to consult additional sources to be able to use the core set??

Yes, I had to use.....

No

Thank you for your contribution!!

APPENDIX 13. Questionnaire for the user

The user

Basic assessment.

Male/female

Age

1. Has the cooperation between you and the counsler been useful?
2. Do you think this cooperation was important when it comes to return to work?
3. Do you think the conunsler is systematic in gathering information?

Special assessment.

1. Overall, what did you think about the special assessment?
2. Do you agree with the conclusion from the special assessment?
3. Did the special assessment motivate you to work further with your problems?
4. Do you think the rehabilitation plan is going to work out for you?
5. Do you think there is something missing in the rehabilitation plan? If yes then what?
6. From your point of view, what could be done better?

APPENDIX 14. Questionnaire for the social security doctors

The system today.

1. What do you think are the advantages and disadvantages of the current system when it comes to the evaluation method?
2. Do you think the evaluation method is fair when it comes to deciding on disability? If not, what do you think could be done better?
3. As a doctor, do you think it is easy to assess disability?

EUMASS core set.

1. Did you find the EUMASS core set useful in deciding on disability?
2. If yes, what is good?
3. If no, what is needed?
4. Do you think the EUMASS core set is sufficient in deciding on disability benefit?
5. If not, what do you think is lacking?